Digitized by the Internet Archive
in 2011 with funding from
Open Knowledge Commons and Harvard Medical School

http://www.archive.org/details/treatiseondiseas02astr

A

TREATISE

ON THE

Diſeaſes of Women;

In which it is attempted to join a juſt Theory to the moſt ſafe and approved Practice.

WITH

A Chronological Catalogue of the Phyſicians, who have written on theſe Diſeaſes.

Tranſlated from the FRENCH Original;

Written by Dr. *J. ASTRUC*, Royal Profeſſor of Phyſic at *Paris*, and conſulting Phyſician to the King of *FRANCE*.

In hoc gaudeo aliquid diſcere, ut doceam: nec me ulla res delectabit, licèt eximia ſit & ſalutaris, quam mihi uni ſciturus ſim.
Senec. *Lib. I. Epiſt.* 6.

VOL. II.

LONDON,
Printed for J. NOURSE, Bookſeller in Ordinary to his MAJESTY.
MDCCLXII.

QH
A
93

TABLE

OF THE

CONTENTS

OF THE

SECOND VOLUME.

BOOK THE SECOND.

Of the diſeaſes of women depending on the ſtate of the *uterus*.

CHAP. I.

Of the inflammation of the uterus, Page 1

§. I. *Deſcription and differences*, ibid.
II. *Cauſes*, 3
III. *Explanation of the differences*, 8
IV. *Symptoms*, 10
V. *Diagnoſtic*, 15

§. VI. *Prognoſtic*, 18
VII. *Method of cure*, 21
General precautions to be obſerved in the treatment of the inflammation of the uterus, 25
Practice propoſed by ſome authors, but bad, or ſuſpected, 28

CHAP. II.

Of the gangrene and ſphacelus *of the* uterus, 34

§. I. *Deſcription and differences*, ibid.
II. *Cauſes*, 36
III. *Explanation of the differences*, 39
IV. *Symptoms*, 40
V. *Diagnoſtic*, 45
VI. *Prognoſtic*, 47
VII. *Method of cure*, 49
A remedy propoſed for the gangrene of the uterus, *which may be uſed with ſafety*, 56

CHAP. III.

Of the apoſtem *or abſceſs of the* uterus, 59

§. I. *Deſcription and differences*, ibid.
II. *Cauſes*, 62
III. *Symptoms*, 69
IV. *Diagnoſtic*, 72
V. *Prognoſtic*, 73
VI. *Method of cure*, 75

CHAP.

CHAP. IV.

Of ulcers of the uterus, 77

§. I. *Description*, ibid.
II. *Causes*, 78
III. *Differences*, 80
IV. *Symptoms*, 81
V. *Diagnostic*, 86
VI. *Prognostic*, 88
VII. *Method of cure*, 91
Of the conduct to be observed, and the general remedies employed, in all kinds of ulcers of the uterus, 92
Of the treatment proper in imminent ulcers, foreshewn by frequent and continual pains in the uterus, *irregular floodings, and the* fluor albus, 95
Of the method most safe and efficacious in an ulcer of the uterus, confirmed, *but* simple, 97
Of the manner of treating venereal ulcers of the uterus, 102
Of the palliative cure of ulcers of the uterus, *that are incurable*, 103
Of some particular remedies proposed for the cure of ulcers of the uterus, 105

CHAP. V.

Of the schirrus *of the* uterus, 106

§. I. *Description and differences* ibid.
II. *Causes*, 108
III. *Explanation of the differences*, 111
IV. *Symptoms*, 113

§. V. *Diagnoſtic*, 115
VI. *Prognoſtic*, 116
VII. *Method of cure*, 118
Treatment in order to an abſolute cure, ibid.
Palliative treatment, 123
Conduct to be obſerved, when it is known, that a ſchirrus *is degenerating into a cancer*, 125
Specific remedies, that have been propoſed for the cure of the ſchirrus *of the* uterus, ibid.

CHAP. VI.

Of the falſe ſchirrus; *or of the* ſteatoma, *and* ſarcoma *of the* uterus, 128

ARTICLE I.

Of the *ſteatoma*, and incyſted tumours of the *uterus*, ibid.

§. I. *Deſcription and differences*, ibid.
II. *Cauſes*, 130
III. *Symptoms*, 132
IV. *Diagnoſtic*, 134
V. *Prognoſtic*, ibid.
VI. *Curation*, 136

ARTICLE II.

Of the *ſarcoma* of the *uterus*, 138

§. I. *Deſcription*, ibid.
II. *Cauſes*, 139
III. *Symptoms*, 140
IV. *Diagnoſtic*, 142

§. V. *Prognoſtic*, 143
VI. *Method of cure*, 144

CHAP. VII.

Of the cancer of the uterus, 147

§. I. *Deſcription*, ibid.
II. *Differences*, 149
III. *Cauſes*, ibid.
IV. *Symptoms*, 152
V. *Diagnoſtic*, 154
VI. *Prognoſtic*, 155
VII. *Method of cure*, 156
VIII. *Remedies propoſed for the cure of cancers*, 160

CHAP. VIII.

Of the dropſy of the uterus, 170

§. I. *Deſcription and differences*, ibid.
II. *Cauſes of the* aſcitic *dropſy*, 171
III. *Cauſes of the* hydatic *dropſy*, 175
IV. *Symptoms*, 178
V. *Diagnoſtic*, 179
VI. *Prognoſtic*, 180
VII. *Method of cure*, 181

CHAP. IX.

Of the tympanites *of the* uterus, 187

§. I. *Deſcription*, ibid.

ARTICLE I.

Of the true, or permanent *tympanitis*, 188

§. I. *Causes*, 188
II. *Symptoms*, 191
III. *Diagnostic*, 193
IV. *Prognostic*, 194
V. *Method of cure*, 195

ARTICLE II.

Of the momentary *tympanitis*, 198
§. I. *Causes*, ibid.
II. *Diagnostic, prognostic, and method of cure*, 199

ARTICLE III.

Of the tumefaction of the *uterus*, arising solely from the thickning of its *parietes*, 200

CHAP. X.

Of the descensus *of the* uterus, 201
§. I. *Description and differences*, ibid.
II. *Causes*, 202
III. *Symptoms*, 206
IV. *Diagnostic*, 208
V. *Prognostic*, ibid,
VI. *Method of cure*, 210

CHAP. XI.

Of diseases, which have relation to the descensus *of the* uterus, 218

ARTICLE I.

Of the *sarcomas*, or excrescences of the *vagina*, and of the elongation or *descensus* of some portion of the interior coat of the *vagina*, ibid.

§. I. *De-*

§. I. *Deſcription of the* deſcenſuſſes *of the* vagina, 212
II. *Cauſes*, 220
III. *Symptoms*, 222
IV. *Diagnoſtic*, 223
V. *Prognoſtic*, 224
VI. *Method of cure*, ibid.

ARTICLE II.

Of the reverſing of the *uterus*, which falls down in that ſtate, 227

CHAP. XII.

Diſeaſes of the ovaria, *and Fallopian tubes*, 229

ARTICLE I.

Of the diſeaſes of the *ovaria*, ibid.

§. I. *Deſcription of the ſtructure of the* ovaria; *and the nature of the diſeaſes incident to them*, ibid.
II. *Cauſes*, 232
III. *Symptoms*, 235
IV. *Diagnoſtic and prognoſtic*, 236
V. *Method of cure*, 237

ARTICLE II.

Of the diſeaſes of the Fallopian tubes, 238

§. I. *Deſcription of the Fallopian tubes, and of their diſeaſes*, ibid.
II. *Cauſes*, 241
III. *Diagnoſtic and prognoſtic*, 242
IV. *Method of cure*, 244

CHAP.

CHAP. XIII.

Of the hyſteric paſſion, or uterine ſuffocation, 245

§. I. *Deſcription,* ibid.
II. *Cauſes,* 248
III. *Symptoms,* 255
1. *The four pathognomic ſymptoms,* 256
2. *The ſymptoms, which affect the* abdomen, 257
3. *The ſymptoms which affect the* thorax, 259
4. *The ſymptoms, which depend on the head,* 260
5. *The ſymptoms, which are common to all the body,* 264
IV. *Diagnoſtic,* 266
V. *Prognoſtic,* 270
VI. *Method of cure,* 271
Treatment out of the paroxyſms, 277
Of the remedies recommended as ſpecific in the hyſteric vapours, 280

A CHRO-

A CHRONOLOGICAL CATALOGUE OF THE AUTHORS Who have written on the DISEASES of WOMEN.

FIRST EPOCHA.

		Before J. C.	Pages
	Hippocrates.	432.	292
	Aſclepiades.	96.	294
		Ann. Dom.	
Aurelius, or *Aulus*, *Cornelius Claudius*	*Celſus.*	35.	ibid.
	Galen.	200.	295
	Soranus.	250.	297
	Areteus.	350.	ibid.
	Oribaſus.	363.	299
	Æcius.	380.	300

Paulus

		Ann. Dom.	Pages
Paulus	*Eginetus.*	420.	300
	Moſchion.	500.	301
	Cleopatra.	800.	302
Theodorus	*Priſcian.*	800.	ibid.
	Nonus.	915.	303

SECOND EPOCHA.

	Avicenna.	1000.	311
John	*Serapion.*	1060.	312
Haly	*Abbas.*	1066.	ibid.
Abubeter	*Rhazes.*	1070.	313
	Conſtantine.	1070.	ibid.
	Albucaſis.	1085.	314
	Avenzoar.	1100.	ibid.
	Averroes.	1170.	315
Nicholas	*Bertrutius.*	1250.	ibid.
	Trotula.	1250.	316
Henry de	*Saxe.*	1290.	317
Bernard	*Gordon.*	1305.	318
John	*Platearius.*	1350.	ibid.
Valeſcus de	*Taranta.*	1418.	319
Mark	*Gatinaria.*	1440.	ibid.
Anthony	*Guainier.*	1440.	320
Anthony	*Cermeſonus.*	1456.	321
John Michael	*Savonarole.*	1486.	ibid.
Galeas de	*Sancta Sophia.*	1490.	ibid.
Alexander	*Benoit.*	1500.	322

THIRD

THIRD EPOCHA.

		Ann. Dom.	Pages
Leonellus	*Fav. de Victoriis.*	1525.	329
Jaſon	*Pratenſis.*	1530.	330
Lewis	*Bonaciolus.*	1536.	ibid.
Dennis	*Fontanon.*	1540.	331
Nicholas	*Des Roches.*	1540.	ibid.
Leonard	*Fuchs.*	1548.	ibid.
James	*Rueff.*	1554.	332
James	*Du Bois.*	1554.	ibid.
John	*Fernel.*	1554.	333
Baldwin	*Ronſſeus.*	1555.	334
John-Baptiſt	*Montanus.*	1555.	ibid.
Peter de	*Bayro.*	1558.	ibid.
Victor	*Trincavel.*	1560.	335
William	*Rondelet.*	1560.	ibid.
Thaddeus	*Dunus.*	1565.	336
John	*Wier.*	1565.	ibid.
John Guntherius	*Andernachus.*	1570.	ibid.
Giovanni	*Marinello.*	1574.	337
Ambroſe	*Paré.*	1575.	ibid.
John le	*Bon.*	1577.	ibid.
Lewis	*Mercado.*	1580.	ibid.
John	*Liebaut.*	1581.	338
Jerom	*Mercurial.*	1582.	ibid.
Martin	*Akakia.*	1583.	339
Felix	*Platerus.*	1583.	ibid.
Maurice de la	*Corde*; Cordæus.	1584.	ibid.
Albertinus	*Bottonus.*	1584.	340
Gaſpar	*Wolphius.*	1586.	ibid.
Jerom	*Capivaccius.*	1586.	342

Peter

		Ann. Dom.	Pages
Peter	*Foreſtus.*	1590.	342
John George	*Schenckius.*	1590.	343
Alexander	*Maſſarius.*	1595.	ibid.
Iſrael	*Spachius.*	1597.	344
William de	*Baillou.*	1600.	ibid.
Roderic à	*Caſtro.*	1603.	345
Hercules	*Saxonia.*	1603.	ibid.
Emilius	*Campolongus.*	1604.	346
John	*Hucher.*	1606.	ibid.
John	*Varandé.*	1606.	ibid.
John	*Heurnius.*	1607.	347
Lazarus	*Pé.*	1609.	ibid.
Herman	*Corbeus.*	1620.	ibid.
Gregory	*Horſtius.*	1625.	348
Melchior	*Sebizius.*	1627.	349
Francis	*Ranchin.*	1627.	ibid.
John	*Prevoſt.*	1629.	350
Michael	*Doringius.*	1630.	ibid.
Claudius	*Deodatus.*	1630.	ibid.
William	*Fab. de Hilden,* commonly *Hildanus.*	1630.	ibid.
Daniel	*Sennertus.*	1631.	351
	Zacutus.	1640.	ibid.
Nicholas	*Fontaine.*	1640.	352
Lazarus	*Riviere.*	1640.	ibid.

FOURTH EPOCHA.

James	*Primroſe.*	1650.	370
Peter Michael de	*Heredia.*	1660.	371

Anthony

		Ann. Dom.	Pages
Anthony	*Menjot.*	1667.	371
Francis	*De la Boë*, Sylvius.	1669.	ibid.
Thomas	*Willis.*	1670.	372
Nathanael	*Highmore.*	1670.	373
Mary	*Meurdrac.*	1676.	ibid.
Henry	*Cellarius.*	1677.	374
Paul de	*Sorbait.*	1678.	ibid.
Philip George	*Gruling.*	1680.	ibid.
Michael	*Ettmuller.*	1682.	ibid.
Thomas	*Sydenham.*	1683.	375
John	*Garmer.*	1684.	ibid.
John	*Dolée.*	1684.	376
Nathanael	*Sprye.*	1685.	ibid.
Gautier	*Carleton.*	1686.	377
John Nicholas	*Pfiſer.*	1691.	ibid.
John George	*Sommers.*	1691.	ibid.
Francis	*Mauriceau.*	1694.	ibid.
Bernard	*Connor.*	1695.	ibid.
Philip	*Fravendorffer.*	1696.	378
Chriſtopher	*Hellwigs.*	1700.	ibid.
Chriſtian John	*Langius.*	1700.	ibid.
John	*Freind.*	1703.	379
John Domin.	*Santorini.*	1705.	ibid.
Herman	*Boerhave.*	1708.	380
John Gabriel	*Rudolphe.*	1706.	ibid.
Peter	*Freſart.*	1712.	ibid.
	Anonymous.	1715.	381
John Anthony	*Terenzoni.*	1715.	ibid.
John	*Goldhammers.*	1717.	ibid.
Gaſpar	*Schrotters.*	1721.	ibid.
Henry Van	*Sanden.*	1722.	ibid.
George Erneſt	*Stahl.*	1724.	ibid.
. . . . .	*Le Tellier.*	1730.	382

		Ann. Dom.	Pages
Anthony Celeſt.	*Cocchius.*	1732.	383
John Auguſtus	*Oehemens.*	1734.	ibid.
George Philip	*Nenter.*	1735.	ibid.
Frederic	*Hoffman.*	1740.	383
J—n	*R——n.*	1743.	385
Richard	*Mead.*	1751.	386
James	*Lazerme.*	1753.	ibid.
Gerard	*Fitz-Gerald.*	1758.	388

CONCLUSION. 389

TREATISE

TREATISE

ON THE

Diſeaſes of Women.

BOOK THE SECOND.

Of the diſeaſes of women depending on the ſtate of the *uterus*.

CHAPTER THE FIRST.

Of the inflammation of the uterus.

§. I. Description and Differences.

EVERY part of the body is ſubject to repletions of blood, followed by ſwelling, tenſion, redneſs, heat, and pain of the place affected: and which even bring on fever, when they are very conſiderable. All theſe kinds of repletion are called in general *inflammatory tumours*; and they are diſtinguiſhed, according to the degree of the diſorder, into the *phlogoſis*, when the accidents are ſlight; and *phlegmon*, or inflammation, when they are more prevalent.

As there are, beſides inflammation, three other kinds of tumours, the *eryſipelas*, *œdema*, and *ſchirrus*: inflammation may either be ſimple, or complicated, with ſome of them; which conſtitutes different ſpecies of inflammations; the *eryſipelatous*

inflammation; *œdematous inflammation*; and *ſchirrous inflammation*; according to the ſecond caſe; and the *phlegmon* in brief, or the *phlegmonic inflammation*, according to the firſt.

The *uterus* of women is ſubject to inflammation; at leaſt as much as the other parts of the body. The only difference is, that, in the inflammation of the exterior parts, there is a perceptible ſwelling, heat, or redneſs of the place affected, which characteriſes the diſeaſe; whereas in the inflammation of the *uterus*, its preſence is only to be inferred from ſymptoms that fall under the cognizance of the ſenſes.

It is thus, that a judgment is made of the ſwelling and tenſion of this part, from the ſpace which it occupies: from the reſiſtance perceived there: from its heat; and from that of the hypogaſtric region and *pubis*; as alſo more particularly, of the *vagina*: and from the redneſs of the *vagina*, if the examination be carried ſo far; without which it is, however, to be eaſily collected, from the heat only, which the patient feels in the *uterus*, by the known analagous ſtate of exterior inflammations. As to the pain, it is but too certain, from the complaints of the patient, and from the ſenſibility of the body of the *uterus* when touched: and with reſpect to the fever, that always attends this inflammation, it is to be diſtinguiſhed by the ſtate of the pulſe, as ſoon as it riſes to any conſiderable degree. To theſe accidents, which eſſentially belong to the inflammation of the *uterus*, ſeveral others are commonly joined: which, although leſs eſſential, claim, nevertheleſs, conſiderable attention; as the ſuppreſſion of the *lochia*, when the inflammation happens in childbed women; or of the *menſes*, when it happens during the time they ought to flow: heat of urine, and difficulty in making it: ſuppreſſion of the *alvus*, or pain in going to ſtool: heartburn: hiccup: pain in the head, and eſpecially under the eyes: heavineſs: want of ſleep: delirium: grinding of the teeth: convulſive motion in different parts;

parts: lowneſs and inequality of the pulſe: coldneſs of the extremities: pain in the *pubis*, groins, loins, thighs, or *podex*, &c.

Though the inflammation of the *uterus* may be always of the ſame general nature, and is commonly attended with the ſame ſymptoms, there may, nevertheleſs, be diſtinguiſhed ſome differences.

1°. With relation to the degree of the diſeaſe. Thus the inflammation, of which the accidents are ſlight; that is to ſay, which cauſes only ſwelling, tenſion, heat, and a moderate degree of pain; and comes without, or with but little, fever; bears only the name of *phlogoſis*. While, on the contrary, the name of *phlegmon*, or *inflammation* ſimply, is given, when the accidents are more conſiderable, and the fever is acute.

2°. With relation to the extent of the diſeaſe. Thus the inflammation may ſometimes ſpread over all the *uterus*; and it is then *univerſal:* which is, however, very rare: ſometimes it is confined to one part of it; and it is then *partial.* This part affected, alſo, may vary in different caſes; and be the *fundus*, or the neck; the fore part, or hind part; or the right ſide, or left ſide; of the *uterus:* which conſtitutes ſo many other differences.

3°. With relation to the quality of the diſorder. Thus the inflammation of the *uterus*, as has been already ſaid of inflammation in general, may be ſimple: and, in ſuch caſe, retains its name, or takes that of *phlegmonic inflammation:* or it may be complicated with an *eryſipelas*, *œdema*, or *ſchirrus* of the *uterus*; and, in that caſe, is called *eryſipelatous*, *œdematous*, or *ſchirrous inflammation.*

4°. Moreover, the inflammation may occupy the internal ſurface, external ſurface, or the whole ſubſtance of the *uterus:* which forms, conſequently, three other kinds of inflammation of it.

§. II. CAUSES.

I have before treated amply of the theory of in-

flammation, in the *Treatiſe on Tumours*. To avoid, therefore, the repetition of what I have already ſaid, I will ſuppoſe it to be known, 1°. That inflammation is produced in general from three cauſes.

From the repletion of all the capillary ramifications of the blood-veſſels of the part affected, whether arteries or veins; which happen to be full of blood beyond the due proportion; and this is the firſt degree of inflammation, or the ſimple *phlogoſis*.

From the irruption, which part of the blood, with which the blood-veſſels are replete, makes into the collateral lymphatic veſſels; and this is the ſecond degree of inflammation, or *common inflammation*.

From the extravaſation of ſome of the blood, which is made by the laceration of the blood-veſſels, or the lymphatics, and diffuſed in the texture of the parts; and this is the third degree of inflammation, or the *ſyſtrophic inflammation*: that is to ſay, ſuch as is moſt commonly followed by ſuppuration.

2°. That theſe three cauſes of inflammation, are ſubſervient to each other, in ſuch manner, that repletion brings on irruption, when it is too great, or laſts too long a time; and that both produce extravaſation in like circumſtances.

3°. That all the theory of the cauſes of inflammation is neceſſarily reduced to fixing the cauſes which may give riſe to the repletion of the blood-veſſels: ſince this repletion, if it be great, or neglected, muſt, of courſe, bring on the other two cauſes: and theſe two other cauſes always neceſſarily ſuppoſe it.

In applying theſe principles to the inflammation of the *uterus*, it is eaſy to infer, 1°. That this particular inflammation muſt admit, in the ſame manner, for its cauſe, either the repletion of the capillary ramifications of the blood-veſſels of the *uterus*; or the irruption of ſome part of the blood, which paſſes from the replete blood-veſſels into the lymphatic veſſels, that ſpring from them; or, laſtly, the extravaſation of the blood, which is made in the texture of the *uterus*, by the laceration of the blood-veſſels or lymphatics. 2°. That

2°. That the two laſt of theſe cauſes depend always on the firſt; and are neceſſary conſequences of it: and that, therefore, to explain the cauſes of the inflammation of the *uterus*, nothing further is requiſite, than to explore the cauſes, which may there produce in the veſſels conſiderable repletions of blood.

For, when the queſtion is reduced to this ſtate of it, the ſimple knowledge of the œconomy of nature in the circulation, ſuffices to bring us to the concluſion, that theſe kinds of repletions may happen from one of the three following cauſes:

Either becauſe the blood is carried into the *uterus* in a greater quantity than uſual.

Or, becauſe the blood returns from thoſe veſſels in a leſs quantity than uſual.

Or, in conjoining theſe two firſt cauſes, becauſe that, on the one hand, the blood is carried into theſe veſſels in a greater quantity than uſual; and, on the other, it returns at the ſame time, in a leſs quantity than uſual.

There are then three principal claſſes, which include all the cauſes of the inflammation of the *uterus*; and nothing more remains wanting in order to the thorough elucidation of this theory, than to enumerate the particular cauſes.

I. Claſs. The blood is carried into the *uterus* in a greater quantity than uſual, when that which ought to flow towards the neighbouring parts, is compelled to turn from them, and throw itſelf upon the *uterus*; which happens,

1°. Every time that the parts, which border on the *uterus*, are themſelves already inflamed; and thence not in a condition to receive all the blood which comes to them. It is, in conſequence of this, that the inflammation of the *uterus* follows from the inflammation of the bladder, inteſtines, hæmorrhoids, &c.

2°. Every time, that the parts bordering on the *uterus*, are ſtrongly preſſed to ſuch a degree, that the circulation of blood, is either intercepted, or re-

tarded: it is thence, that the inflammation of the *uterus* is ſometimes occaſioned by efforts of vomiting, too ſtrong, or too often repeated; by purgings, or *hypercatharſis*, accompanied with gripes and *teneſmus*; by violent, long, and frequent coughs; &c.

II. Claſs. The blood returns from the veſſels of the *uterus* in leſs quantity than uſual, when the uterine veins, by which it ought to come back, either ſuffer a ſtrangulation, or are compreſt; and have their natural cavity contracted from one, or other of theſe cauſes:

1°. The uterine veins ſuffer a ſtrangulation from all the cauſes, which may put the fibres of the *uterus* into a violent and continued, or, at leaſt, very frequent *erethiſmus*; and theſe cauſes are in very great number. For example:

Every thing, which occaſions a ſuppreſſion of the *menſes*; as any ſudden cold, unexpected fright, or violent grief; or the improper uſe of peſſaries, or aſtringent injections.

Every thing which cauſes too ſtrong a tonic contraction in the *uterus*; as the exceſs of the act of venery, when the *uterus* is already diſeaſed; or the uſe of injections that are too ſtimulating.

Every thing which irritates the interior part of the *uterus*; as acrid injections; or the *pus* of an after-birth, or *fœtus*, which ſuppurates in the cavity of the *uterus*.

Every thing which tears, wounds, or bruiſes the ſubſtance of the *uterus*; as all the condemnable methods of procuring abortion; a too long, or hard, labour; the violent extraction of the *fœtus*, or the *placenta*; a ſtroke of the nail of the perſon, who performs the office of midwife; any hurt with the inſtruments that are neceſſary to be uſed in præternatural deliveries; any wound of the *abdomen*, which may reach to the *uterus*; or any violent blow which extends its effects to that part; &c.

2°. The uterine veins are compreſſed by the ſwelling and induration of the veſſels which are contiguous. Such

Such as the lactiferous veſſels of the *uterus*, inlarged by the inſpiſſation of the milky humour, which accumulates and grows hard there.

Such as tubercles, which are formed in the glands, or the lymphatic veſſels, by the thickening of the lymph, that ſtagnates there.

Such as ſchirruſſes; or the ſchirrous knots, which breed in different parts of the *uterus*, from the cauſes, which will be explained below, Chap. V.

It is proper to obſerve, that, as theſe different obſtacles, which may compreſs the uterine veins, are only formed gradually, it is rare, that they ever of themſelves bring on an inflammation of the *uterus*; which is always a ſudden repletion; and ſuppoſes a ſudden cauſe. But theſe accidents may be ſufficient to give riſe to inflammation, when they concur with any of the beforementioned cauſes, of which the effect may prove to be augmented by them.

III. Claſs. The blood, on one hand, paſſes in a greater quantity than uſual, into the veſſels of the *uterus*; and, on the other, returns, at the ſame time, in a leſs quantity than uſual from them, when it happens, that any of the cauſes of the firſt claſs concur with any of thoſe of the other: and this concurrence, which may, and often does, happen, occaſions the inflammation, that the *uterus* may then have, to be ſo much the greater, in proportion to the number, and the degree of power of the cauſes, which concur.

The cauſes, which we have juſt explained, may alone produce inflammation, and do produce it often. But they produce it more certainly, in a greater degree, and with more danger, when they combine with any of the antecedent diſpoſitions, that augment their power; or which diſpoſe the *uterus* to be more affected by them.

Theſe antecedent diſpoſitions are of two kinds; the one univerſal, and dependent on the quantity and ſtate of the blood: the other partial, and relative only to the particular ſtate of the *uterus* and its veſſels.

The general antecedent diſpoſitions are a *plethora*, or too great abundance of blood; the rarefaction of it, or its diſpoſition to rarefy, which is equivalent to a *plethora*; to which ought to be added the too great uſe of wine; ſpirituous liquors; chocolate; and coffee: immoderate waking: violent paſſions; ſuch as anger: too ſtrong exerciſe: exceſſive hot ſeaſons: &c: becauſe all theſe cauſes either introduce a too great rarefaction into the blood; or beat it, and make it circulate with too much impetuoſity.

The local, or particular antecedent diſpoſitions, are, natural laxity, or want of due tone in the contexture of the *uterus*, which occaſions its failing of power, to preſs out the blood; obſtructions; ſchirrous ſtagnations; ſchirruſſes of the *uterus*, or of ſome of its parts, which turn the courſe of the blood; the varicous dilatation of the veſſels, which facilitates the ſtagnations; the particular defect of ſome part of the *uterus*, which may happen to be bruiſed, torn, ulcerated; &c; ſo that the blood can ſcarcely circulate with freedom.

It is only by weighing the nature and degree of each of theſe diſpoſitions: and by duly conſidering the combinations they may have, with the different cauſes of inflammation of the *uterus*, that we can approach to a juſt eſtimation of the degree of inflammation; and that we are enabled to treat of the danger that attends it, and of the conſequences, againſt which precautions are to be taken.

§. III. *Explanation of the differences.*

I. Difference. The greatneſs of the inflammation of the *uterus*, depends on two cauſes; on the degree of power of the cauſes which produce it; and on the degree of the antecedent diſpoſitions, which prepare the *uterus* for it. When theſe two cauſes concur, and are in the higheſt degree, the inflammation is great, and becomes a true *phlegmon*. When either of them is in the moſt minute degree, the inflamma-

flammation is only middling; but it is yet intitled to the name of *inflammation:* it is, however, only a ſimple *phlogoſis*, when both are, at the ſame time, only in a leſs degree, and that they can only bring on a very ſlight repletion of blood.

II. Difference. The place, the inflammation occupies in the *uterus*, depends on the manner in which the cauſes of ſuch inflammation affect it: and this manner may vary in different ways, by different fortuitous accidents. But what moſt of all contributes to occaſion certain places of the *uterus* to be more liable to be affected than others, are particular diſpoſitions, or anterior changes, which may be in it; and which occaſion, that theſe places are more expoſed than the others to the action of the cauſes.

III. Difference. As there are, beſides inflammation, three other kinds of principal tumours, *œdema*, *eryſipelas*, and *ſchirrus*, there muſt reſult particular combinations from the concurrence of each of theſe tumours with the inflammation of the *uterus*. Thus, when the repletion of the blood-veſſels, which conſtitutes inflammation, is joined to that of the lymphatic veſſels, which makes an *œdema*, the inflammation of the *uterus* is *œdematous*; and that uſually happens when the blood is very ſerous. It is *eryſipetalous*, when it poſſeſſes only the internal, or external coat of the *uterus*, which depends on the place, where the cauſes of reſiſtance of the blood are ſituate, that turn the courſe of the circulation; and when it is produced by an acrid and effervеſcing blood, which is the effect of the habit of the *uterus*. When the inflammation is attended with indurated lumps, any tubercle, or any *ſchirrus*, which becomes perceptible, and continues after the reſolution, the inflammation bears the name of *ſchirrous inflammation:* but it is purely *phlegmonic*, when it depends on the repletion alone of the blood-veſſels; and on the repletion of all thoſe, that are diſtributed in the whole thickneſs of the ſubſtance of the *uterus*.

IV. Dif-

IV. Difference. The inflammation poſſeſſes the internal ſurface of the *uterus*, when it is occaſioned by the faultineſs of the lactiferous veſſels, or of the veinous *appendices*, that are placed there, or cauſed by the lacerating, cutting, exulceration, or irritation, of the interior part of the *uterus:* and this is the moſt common kind of inflammation. It poſſeſſes the external ſurface of the *uterus*, when it comes from any wound, blow, or bruiſe; which affects the outſide of it. To conclude, it poſſeſſes all the thickneſs of its ſubſtance, when the *uterus* is attacked on both ſides at the ſame time; which, however, ſeldom happens: or where it is ſo violently attacked on one ſide, that the inflammation extends itſelf throughout the whole thickneſs; which is more frequent.

IV. SYMPTOMS.

1°. Tumour, tenſion, and reſiſtance in the body of the *uterus*, are the neceſſary effects of the inlargement of the replete veſſels; and from thence it reſults, that theſe accidents are always in proportion to the number of veſſels inlarged, and to the greatneſs of their inlargement.

2°. The ſuppreſſion of the *lochia* in childbed women, and of that of the *menſes* in women who actually have them, are conſequences likewiſe of the diſtenſion of the *uterus:* which, by compreſſing the orifices of the lactiferous veſſels, and the veinous *appendices*, ſtop the courſe of the blood, and of the milky humour which flows from them. When all the *uterus* is inflamed, and to a conſiderable degree, theſe ſuppreſſions are *total:* but they are *imperfect*, when the inflammation is more moderate, or only partial.

3°. The pain of the *uterus* depends alſo on the diſtenſion that rends, elongates, drags, and compreſſes the nervous fibres; which conſtitutes pain. The concuſſions, which theſe fibres receive from the beating of the arteries, increaſe ſtill more the pain; even ſo as to render it ſometimes very cutting.

cutting. As in this ſtate, the leaſt exterior compreſſure of the *uterus* extends its effects to the nervous fibres, ſo as even to cauſe a great aggravation of the pain, it leaves no room to wonder at the extreme ſenſibility of this part.

4°. This pain of the *uterus* is aſcribed, by the perſons affected, to different places of the *abdomen*, according to the greater or leſs proximity of thoſe places, with the ſeat of the inflammation; or according to the greater or leſs communication, which theſe places have with the inflamed part of the *uterus*; either by blood-veſſels; the ligaments of the *uterus*; or the expanſions of the *peritonæum*, which are fixed to the ſides of it. On this account, perſons affected complain of pain in the loins, when the inflammation is ſeated in the fore-part of the *fundus* of the *uterus*; in the navel, when the inflammation is ſeated in the hind-part of the ſame *fundus*; in the *pubis* or the *anus*, when the inflammation is in the neck of the womb; and in either of the groins, when the inflammation is in either of the lateral parts of the *uterus*, from whence the round ligaments ſpring.

5°. Heat, and redneſs, are inſeparable from the inflammation of the *uterus*: becauſe they are natural conſequences of the repletion of blood, which makes the inflammation. The more the blood, which is hot and red in its nature, ſtagnates in any part, the more the heat and redneſs of ſuch part muſt be increaſed by it. The force, and frequency, of the beating of the arteries in the part inflamed, increaſe yet more the heat and redneſs, by breaking and attenuating the blood; which renders it more red, and hot.

6°. Fever is another eſſential accident of inflammation of the *uterus*. Sometimes it precedes the inflammation, and contributes to produce it; and ſometimes it depends on the ſame cauſe, which produces the inflammation: but when theſe circumſtances fail, at leaſt, it always ſucceeds the inflammation, however inconſiderable it may be: becauſe the

diſorder alone, which the inflammatory repletion makes in the œconomy of the circulation, muſt bring it on, even independently of the other circumſtances which may conduce to it.

7°. It is rare, that the fever, which attends the inflammation of the *uterus*, is without the head-ach: and that ſometimes in a great degree. Becauſe the blood, which the fever rarefies, and which can ſcarce paſs on in the iliac arteries, on account of the tumefaction of the *uterus* which compreſſes them, muſt be carried more abundantly towards the ſuperior branches of the *aorta*; and, conſequently, into the arteries of the brain; which muſt cauſe, in that part, a heavineſs, or a painful diſtenſion.

8°. The perſons affected fall into a doſing, or *coma ſomnalentum*; which happens when they are plethoric; when the blood is thick, or that it is very much rarefied by the ardency of the fever; and when the inlargement of the body of the *uterus*, by ſtrongly compreſſing the iliac arteries, turns the greateſt part of the blood from them into the upper branches of the *aorta*, and thence into the brain.

9°. At other times, the perſons affected are in a continual ſtate of waking; which happens when the blood is leſs abundant, leſs thick, and leſs rarefied; when the volume of the *uterus* is leſs inlarged, and compreſſes leſs ſtrongly the iliac arteries; and when, moreover, the pain of the *uterus* is acute, and keeps the ſpirits agitated, and the fibres ſtretched in the brain.

10°. *Delirium* conjoins itſelf often with one or other of theſe ſtates, for reaſons that will be explained in the Treatiſe on Diſeaſes of the head. In the firſt caſe, the *coma ſomnalentum* becomes *coma vigile:* in the ſecond, the diſpoſition to waking becomes the beginning of phrenſy, and ſometimes an abſolute phrenſy.

11°. The tongue is always dry in the inflammation of the *uterus*; becauſe it is deprived of moiſture, both by the heat of the fever, and the air that is breath-

breathed. But it is exceeding dry when the head is disordered; because then the burning heat, which is communicated from the brain to the palate, desiccates the tongue, and hardens it more. The dryness manifests itself always most particularly in the middle of the tongue; because that is the place the most exposed to the action of the causes which produce it; and the most out of the reach of that small share of moisture the salival ducts might furnish.

12°. The tongue, besides being dry in the inflammation of the *uterus*, is also covered with a slimy foulness, which renders it clammy. This foulness is produced by the mucous humour, filtered in the glands of the gums, and of the tongue itself, which the heat of the fever inspissates on its surface. It frequently happens, that this foulness becomes black, when it is dryed to a certain degree; or when it has contracted the tinge of some medicine, that has been taken.

13°. The inflammation of the *uterus* communicates itself progressively to the neighbouring parts; which brings on new accidents. Thus, if the neck of the *uterus* be inflamed in its anterior part, the inflammation, or, at least, the *phlogosis*, is extended to the *vagina*, and the *urethra*; which occasions the patients to have a difficulty in making water, and to void it only drop by drop, during which time, they suffer a burning sensation. The strangury and dysury may also arise in this case from the acrimony and the heat, which the urine acquires in the bladder, from the inflammation of the *uterus*; or even from the sympathetic contraction, which it causes in the sphincter of the bladder.

14°. In the same manner, when the posterior part of the *uterus*, or, at least, of its neck, is inflamed, the inflammation communicates itself to the *rectum* that borders on it; which suppresses the stools, or renders them painful. These accidents may come, likewise, from too great dryness of the fecal matter, caused by the heat of the *uterus*; or by the sympathetic

thetic contraction, that the inflammation of it cauſes in the ſphincter of the *anus*.

15°. What has been juſt ſaid, may make it underſtood, that the *uterus* has ſympathetic relations with ſeveral parts of the body: but it will alſo appear below, in the laſt chapter of this book, where the *hyſteric paſſion* is treated of, that it has ſuch with almoſt all the parts.

It is in conſequence of theſe ſympathetic relations, that the impreſſions, which are made on the *uterus*, cauſe in different places, by a mechaniſm that we have explained elſewhere, convulſive contractions more or leſs ſtrong, and more or leſs continual. To this cauſe muſt be imputed, the convulſive ſtricture that affects the motion of the heart, prevents its dilating with the uſual freedom, and occaſions, that the pulſe, inſtead of being full, ſtrong, and open, as the ſtate of the fever requires, remains low, hard, and confined in the inflammation of the *uterus*, in the ſame manner as in all other inflammations of the *viſcera* of the *abdomen*; which contributes much to the frequent fainting fits, into which theſe patients fall.

16°. As in this ſtate of the pulſe the blood does not paſs out of the heart, but with difficulty, and in ſmall quantity, there is not enough carried to the extremities of the body to ſupport in them the natural heat. The patients muſt, therefore, have their feet, hands, and face, cold, whatever heat they may feel in the inflamed *uterus*, and the parts of the *abdomen* that are contiguous to it. This ſtate of coldneſs of the extremities, at the ſame time the interior parts are, as it were, on fire, joined to the ſmallneſs and confinedneſs of the pulſe, conſtitutes that particular kind of fever, which attends always great inflammations of the *viſcera*; and which bears in Greek the name of *lipyric* fever.

17°. It is, moreover, to ſimilar ſympathetic effects, but which relate to other parts, muſt be imputed the hiccups; *cardialgia*, or pain of the heart; nauſeas; and vomitings; which afflict the patients in the inflam-

inflammation of the *uterus*. The hiccup and the *cardialgia*, arise from the contraction, and the *erithismus* of the superior orifice of the stomach: the nauseas, and the vomitings, from that of the bottom, and of almost all the cavity of this *viscus*.

18°. It is, in the same manner, from the sympathetic contraction, which the pain of the *uterus* brings on in the anterior part of the *dura mater*; and perhaps in the parts of the *pericranium* that cloath the forehead, and the bottom of the orbits of the eyes, must be deduced, the particular and circumscribed pain of the head, which the patients feel, from the inflammation of the *uterus*, in the anterior part of the head, *in sincipite*; and refer particularly to the bottom of the eyes *ad radices oculorum*; which, according to what they feel, seems to drag them towards the inside of the head.

19°. Finally, it is to similar effects, must be imputed, also, the convulsive tremblings of the tendons of the wrists, and sometimes even of the hands; the spasmodic motion of the lower jaw, which produces the grinding and snapping of the teeth; or the convulsion, or spasmodic motion of the diaphragm, which stops or hurries respiration, and which makes the patients laugh or cry involuntarily; the convulsion of the muscles of the *larynx*, and even those of the *pharynx*, which causes an involuntary contraction in the head of the *trachea*, and in the upper part of the *œsophagus*, and which makes the difficulty of respiration and deglutition; and, in short, the convulsions, or convulsive motions of several other parts of the body. But these kinds of sympathetic motions will be particularly explained below, in the thirteenth chapter, where the *hysteric passion*, to which they belong, will be treated of.

§. V. DIAGNOSTIC.

I. The inflammation of the *uterus* is easy to be known; and distinguished from all the other diseases that have any similarity with it.

1°. It

1°. It reſembles the *ſchirrus*, and the dropſy of the *uterus*, and even ſimple pregnancy, if we were only to judge by the increaſe of the volume of the *uterus:* but it differs from them manifeſtly by the pain, heat, and fever, which are eſſential to the inflammation of the *uterus*; and which are wanting in thoſe three other diſeaſes. It differs from them, alſo, in the quickneſs, with which the diſorder begins and augments; that does not happen in the ſame manner in the other three diſeaſes.

2°. It reſembles, likewiſe, the inflammation of the bladder, or of the *rectum*; if we were only to judge by the pain, heat, and fever, which are common to all theſe inflammations: but it differs from them by the ſeat of the pain, which is correſpondent to the ſituation of each part; by the greatneſs of the ſwelling, which is more conſiderable when the *uterus* is inflamed; by the ſtate of the exterior parts of generation, and eſpecially of the *vagina*, and the mouth of the *uterus*, which partake of the inflammation, when it has its ſeat in the *uterus*; and, moreover, by the circumſtances attendant on the voiding the urine and excrement; for they either are not voided at all, or with an extreme degree of pain, in the inflammation of the bladder, or the *rectum*; whereas, they are voided without pain, or with leſs, in the inflammation of the *uterus*.

II. There are criterions ſufficiently certain, to determine on the different kinds of inflammation of the *uterus*.

1°. The degree of inflammation may be judged of by the violence of the ſymptoms. Thus it is only a *phlogoſis*, when the pain, tumour, renitence, heat, and fever, are moderate. But it is a *real inflammation*, when theſe ſymptoms are violent.

2°. The extent and ſeat of the inflammation are to be known by the following ſigns.

If the heat ſeem to be in the *pubis*, and there be difficulty and pain in making water, the inflammation is ſituate at the interior part of the neck of the *uterus*.

If

If the pain ſeem to be in the loins, the ſeat of the diſorder is in the poſterior part of the *fundus* of the *uterus*; and, on the other hand, it is in the anterior part, if the pain ſeem to be towards the navel.

If the pain ſeem to be in either of the groins, or either of the hips or thighs, the ſeat of the inflammation is in the lateral part of the *uterus* on the ſame ſide.

If the pain ſeem to be in the *vagina*; and that, on introducing the finger, the mouth of the *uterus* feels hard, reſiſting, and hot, it is a criterion, that the inflammation is ſituate in that place.

Finally, if the pain, tenſion, and reſiſtance ſpread over all the circumference of the *uterus*, and the ſwelling be very great, there can be no room to doubt, but that the *uterus* is affected throughout the whole extent of its volume, although it may not be ſo every where, in the ſame degree.

3°. The particular nature of the inflammation may be conjectured from the circumſtances which attend it.

It is phlegmonic, when the tumour, tenſion, pain, heat, and fever, are great.

It is eryſipelatous, when the pain, ſenſibility, heat, and fever, are extreme, although the tumour be little, or at moſt of a middling magnitude.

It is œdematous, when the tumour is large, but ſoft; and the pain, ſenſibility, heat, and fever, are ſlight.

To conclude, it is ſchirrous, when the tumour is hard, and reſiſting, but without much heat, pain, or fever.

It is not of much conſequence, generally, to know what have been the cauſes of the inflammation under cure. Nevertheleſs, if that ſhould appear material, there are different means of aſcertaining this point.

By the known habit of the patients; ſanguine, plethoric, bilious, &c.

By the prior ſtate of the *uterus*; relaxed, cold, bruiſed in a difficult delivery, ſubject to repletions,

full of obſtructions, ſchirrous, lacerated, cut, ulcerated, &c.

By the circumſtances under which the diſeaſe is come on; during the diſcharge of the *menſes*, or of the *lochia*; on account of the unforeſeen ſuppreſſion of the one or the other of theſe evacuations; in conſequence of a miſcarriage, or of a delivery long, difficult, hard, &c.

By the hiſtory of the whole that has preceded the diſeaſe; the regimen that has been obſerved; the exceſs that has been gone into; the ſudden cold that has been ſuffered; the blows or the bruiſes that the *uterus* has received; &c.

§. VI. PROGNOSTIC.

I. The inflammation of an internal part ſo ſenſible as the *uterus*, is, from its nature, very dangerous; and almoſt always mortal.

II. The danger that attends it may, nevertheleſs, vary, according to many different circumſtances; to enumerate which is almoſt ſufficient.

1°. According to the degree of the inflammatory repletion. Thus the inflammation, properly ſo called, or the *phlegmon*, which ſuppoſes a conſiderable repletion, is more dangerous than the *phlogoſis*, that only ſuppoſes one more ſlight.

2°. According to the extent of the inflammation. Thus when it poſſeſſes all the body of the *uterus*, or at leaſt the greateſt part, it leaves little or no room for hopes. The proſpect is leſs unfavourable, when the inflammation poſſeſſes only a moderate portion of the *uterus*; particularly if it be towards the inferior part, or the neck of the *uterus*; where remedies may be applied with convenience enough, and proviſion eaſily made for the conſequences of the diſorder.

3°. According to the violence of the accidents. As there may be ground of hopes, when the accidents are ſlight, and few in number. But the patient muſt be conſidered as almoſt without reſource, when ſhe ſuffers violent pain, which throws her into continual agitations;

agitations; especially, if *insomnia*, *delirium*, or dosing, accompanies the case; and that the patient falls into frequent fainting fits.

4°. According to the nature of the fever. As the danger is moderate, when the fever is moderate, without paroxysms, or with only such as are slight: greater when the fever is burning, and accompanied with long and violent paroxysms: and excessive, when the pulse is concentrated, the extremities become cold, and the fever takes the character of *lipyric*.

5°. According to the state of the *uterus*. As when the inflammation falls on the *uterus* at the time it is sound, firm, intire, and has suffered neither bruising nor dilaceration, the consequences are less dangerous. It is, on the contrary, almost always fatal, when it comes upon an *uterus* bruised, scratched, dilacerated, ulcerated, obstructed, or schirrous; or after miscarriages, or a long, painful, or hard labour.

6°. According to the quality of the inflammation. As the danger is very great, when the inflammation of the *uterus* is erysipelatous: not so much so when it is phlegmonic: but still less when it is œdematous, or schirrous.

III. The inflammation of the *uterus* terminates in four different manners.

1°. By resolution, when the blood, obstructed in the blood-vessels or lymphatics, resumes its ordinary course; and that which is extravasated, is reabsorbed gradually, by the lymphatics. This way is the most favourable of all, because the cure is complete, when the resolution is intire. It is scarcely to be expected before the seventh or tenth day of the disease: but it is to be hoped for, with confidence, when the inflammation is moderate, of little extent, and slightly painful; tending more to the *phlogosis*, or the *œdema*, than to the *phlegmon*, or the *erysipelas*: when it is accompanied with little fever, and slight paroxysms: when there is free passage for the stool and urine: and when the disease has been the subject of medical care from

the beginning; and the uſe of bleeding has not been neglected.

2°. By gangrene: which is almoſt always mortal, as will be ſhewn in the next chapter. A gangrene is to be feared, when the inflammation is eryſipelatous, or phlegmonic: when it is great, painful, and extenſive: when it is accompanied by a burning fever, with great paroxyſms: when it happens in the caſe of an *uterus* already diſeaſed, ſchirrous, ulcerated, lacerated, bruiſed, or weakned, by a hard labour: when there has been a neglect of trying proper remedies early, &c. The time of the diſeaſe moſt liable to mortification, is always from the moſt high degree of inflammation, to that in which there are certain marks of reſolution and ſuppuration: which comprehends the interval from the fourth day, to the tenth or twelfth.

3°. By ſuppuration, which changes the nature of the blood ſtagnated in the veſſels, or extravaſated in the ſubſtance of the part; and converts it into *pus* that forms an abſceſs or apoſtem in the thickneſs of the coats, of which the conſequences are always bad, and ſometimes dangerous; as will be ſhewn in the ſequel. As ſuppuration is the middle ſtate betwixt reſolution and gangrene, it happens alſo, in the middling circumſtances, betwixt thoſe which produce reſolution and thoſe which bring on gangrene; that is to ſay, ſuppuration may be expected, when the inflammation is great, but not extreme; phlegmonic, without being eryſipelatous; attended with fever ſufficiently ſtrong, without being either too ardent or *lipyric*; comes in an *uterus*, either in a ſound ſtate, or moderately deviating from it; and has in the beginning been carelesly treated, without being wholly neglected. There muſt be time to attenuate and break the blood that ſtagnates in the inflammation, and to convert it into *pus*. Wherefore the ſuppuration ſcarcely ever begins till after the ſeventh day of the diſeaſe; and ſometimes it is not yet intirely manifeſted till the twelfth or fourteenth.

4°. By

4°. By *ſchirrus*, or ſchirrous induration; which leaves the *uterus* in a diſeaſed ſtate, obſtinate, difficult to be cured, and ſubject to very bad conſequences, that will be treated of below. *Schirrus* never ſucceeds inflammation, but when there have been previouſly, in the *uterus*, obſtructions, glandular tumours, tubercles, or ſchirrous tumours, which have conduced to bring on the inflammation; and which have been increaſed, during the inflammation, by the ſame cauſes that produced it; and which ſhew themſelves at laſt when it is diſſipated by reſolution.

§. VII. *Method of cure.*

There are three principal intentions, that ſhould be propoſed in the treatment of the inflammation of the *uterus*.

1°. To put a ſtop to the progreſs of the repletion in the veſſels; to diminiſh that which is already made; and, by this means, to prevent the progreſs of the inflammation; and mitigate the violence of that which already ſubſiſts.

2°. To relax the conſtringed fibres of the *uterus*; to diminiſh, or wholly to remove the ſtrangulation of the capillary ramifications of the veſſels; and to prevent the courſe of the circulation from being at all turned, or cauſe it to be ſo only in a leſs degree.

3°. To quiet, or mitigate, the pain which aggrivates all the accidents; and which is the principal cauſe of the *erethiſmus*, or conſtriction of the fibres of the *uterus*.

I. The firſt of theſe intentions is the moſt urgent, and the moſt conſequential. It is only to be effected by bleeding in the arm; which muſt be repeated ſeveral times, quickly; as long as the condition of the patients will admit of it; and copiouſly, eſpecially in the beginning.

It is not poſſible to fix the number, or the proportion of the bleedings, which it may be proper to order in the inflammation of the *uterus*; becauſe they muſt be varied according to the degree of the diſor-

der, and the habit and ſtrength of the patients. But in general, they ſhould be repeated, in the two firſt days, ſix, ſeven, or eight times; and the three or four firſt ſhould be eight *palettes*[a] each.

The ſmallneſs of the pulſe, and the coldneſs of the extremities, that happen in the inflammation of the *uterus*, and which are the common accidents that conſtitute the *lipyric* fever, ſhould not be any check to the uſe of bleeding, when it is otherways ſtrongly indicated. Only there muſt, in this caſe, be given ſome mild cordials, ſuch as thoſe which will be propoſed below, mixt with ſlight narcotics, to revive on one hand the pulſe, and to mitigate, on the other, the acuteneſs of the pain, which ſupports this ſtate of languor.

The antients had recourſe, in the inflammation of the *uterus*, to frictions, cuppings, and ligatures, as aids which might be ſubſtituted for bleeding: but theſe remedies are out of uſe at preſent; becauſe their inefficacy has been diſcovered. Frictions may, nevertheleſs, be ſometimes admitted, to comply with the importunity of the women; provided they be made on the extremities of the upper parts; and when the patient appears too weak to bear bleeding, cupping may alſo be employed; provided it be performed on the ſhoulders, or under the breaſts. But as to ligatures, they are injurious in all caſes; and ought to be wholly prohibited.

II. There are ſeveral ways of effecting the ſecond intention: and conſequently thoſe may be ſelected, which are judged to be moſt agreeable to the particular circumſtances that occur; or, if it be approved of, they may all be tried ſucceſſively, according to the exigence.

A copious draught of an emollient and cooling ptiſan; ſuch as the decoction of the yellow mallow, and water lily; or chicken water, ſimple, or made into an emulſion. Emulſions made with the cold ſeeds, ſparingly uſed; and boiled, and ſtrained through a double linnen; ſyrup of orgeat mixt with water; very weak limonade; &c.

[a] *Palette* is a ſmall porringer, containing from three ounces and a half of blood to four ounces, according to its various ſpecific gravity.

2°. A copious uſe of oil of ſweet almonds, drawn without fire, and mixt with ſyrup of yellow mallows, red poppies, or lemons. From three to ſix ounces of the oil may be given during the three firſt days. Generally, only half the quantity of ſyrup is added. Sometimes this quantity of oil is given in one or two doſes, in the intervals of the broths, when it is deſired to open the belly: at others, it is given in little doſes, during the whole day.

3°. Frequent cooling and anodyne glyſters, with the decoction of the roots of the yellow mallow and water lily; of the leaves of mallow, violets, lettuce, garden nightſhade, &c; of flowers of mallow, violets, mullein, line, and white poppies; to which are added, one or two ounces of oil of roſes, or ſimple oil of ſweet almonds, drawn without fire.

Or with broth of tripes, whey, or chicken water made into an emulſion; or weak emulſions boiled and ſtrained; to which are added, half an ounce of ſyrup of white poppies, and an ounce of ſyrup of water lily.

4°. Injections in the *vagina*, and even in the *uterus*. To this end is employed the decoction of the leaves of yellow mallow, water lily, mallow, *acanthus*, garden nightſhade, &c; or goat's milk, ſkimmed, and mixt with an equal quantity of roſe water, or clarified whey; in which ſome chives of ſaffron has been infuſed; or half a grain of laudanum diſſolved; or otherwiſe, with mucilages of linſeed, or of the ſeed of pſyllium, drawn with roſe water; to which is added the third of the white of an egg, beaten till it be perfectly fluid.

When the injections enter only into the *vagina*, they have but little effect on the *uterus:* and, moreover, ſoon come away. Theſe injections, nevertheleſs, muſt ſuffice, when the inflammation is at the neck of the *uterus*, and the orifice conſequently cloſed. But when it is free, and can receive the end of the *cannula*, endeavour muſt be made to throw the injection into the cavity of the *uterus*, in order to render it more efficacious. It is true, there muſt, in

this caſe, be much dexterity uſed, to introduce the *cannula*, without hurting the orifice of the *uterus*; and great care muſt be taken to throw in the injection very gently, for fear of injuring the *uterus*.

5°. Cataplaſms applied on the *pubis*, or over all the hypogaſtric region, made with the pulp of emollient herbs; ſuch as the mallow, yellow mallow, *acanthus*, purſlain, lettuce, garden nightſhade, henbane, &c; to which is added, oil of roſes: or with crumb of bread, milk, and the juice of henbane, or of garden nightſhade, boiled together; or with rice boiled in milk, with linſeed, and thinned by the addition of ſome ſpoonfuls of oil of roſes.

6°. Emollient fomentations, with a ſtrong decoction of the emollient herbs, juſt before mentioned; or with warm milk; which it is requiſite to uſe on the *pubis*, and on the hypogaſtric region, in the place of cataplaſms, when the ſenſibility of the *uterus* is ſo great, that the patient cannot endure their weight.

7°. Embrocations, which it is even neceſſary ſometimes to ſubſtitute for fomentations, when the inflammation is very great; and fomentations give pain to the patient. Theſe embrocations are made with oil of ſweet almonds, or oil of roſes; to which is added a little ointment of marſh-mallows, or a few drops of vinegar. Sometimes it is thought ſufficient, to apply only a piece of linnen, ſpread with the ointment of Galen.

8°. Laſtly, peſſaries, which are made with the pulps of the emollient herbs, propoſed before for the cataplaſms. This pulp is incloſed in a clean piece of linnen, and introduced into the *vagina* of women, not virgins; but with regard to virgins, it ſuffices to apply it on the *vulva*, in the form of a cataplaſm.

III. To fulfil the third intention, recourſe muſt be had;

1°. To the uſe of the relaxing and anodyne topics, which have been propoſed for the ſecond intention; and the uſe of them muſt be perſiſted in without remiſſion,

miſſion, till the part is freed from the tenſion; by which means a diminution of the pain is procured.

2°. To the uſe of narcotics, which become neceſſary, when ſimple relaxants are not found ſufficient. The narcotics uſed on this occaſion are, the decoction of the heads of the white poppy; the ſyrup of diacodium, or the white poppy; laudanum; the anodyne tincture; pills of hounds-tongue, &c. They are mixed with ptiſans, glyſters, injections, &c; or adminiſtered ſeparately. But they are given only in very little doſes; which are repeated from four hours to four hours, or from five hours to five hours; in ſuch manner, that the quieting, or, at leaſt, mitigating the acuteneſs of the pain, may be brought about, without throwing the patients into a doſing ſtate. It is needleſs to caution, that theſe medicines ſhould not be given when the patients are already in ſuch a ſtate; or ſhew a ſtrong diſpoſition towards it.

General precautions to be obſerved in the treatment of the inflammation of the uterus.

1°. The patients muſt be kept in bed in the moſt ſtill manner poſſible, lying on their back with their legs a little aſunder, and their knees bent; and retained in that ſtate by bolſters: becauſe, in this ſituation, the *uterus* is the moſt free. It is advantageous to make the patients lie on mattreſſes of hair; becauſe they heat leſs than thoſe made of wool; but at leaſt it is proper to put under them ſkins of goats leather, that ſhould be changed from time to time, to moderate the burning heat of the loins. Recourſe muſt even be often had to a plaſter of the cerate of Galen, prepared with vinegar, and ſpread upon linnen; which ſhould be applied on the ſmall of the back, and renewed from time to time. Moreover, ſilence, and eaſe of mind, muſt be recommended to the patient; as theſe circumſtances are very neceſſary for the cure.

2°. The

2°. The patients ſhould be nouriſhed with very weak broths, made with veal and chicken; or what is more proper, they ſhould be confined to ſimple chicken water. It would be ſtill better to boil in theſe broths or water, ſome cooling plants; as lettuce, endive, borage, ſorrel, or a ſmall bag-full of melon ſeeds, huſked and bruiſed; unleſs the reducing them to the form of an emulſion, by paſſing them through a paſte of the cold ſeeds, ſhould be preferred. However ſtrict this regimen may appear, and however weak the patient may be, it ſhould be invariably obſerved, for the firſt four or five days. The broths may afterwards, if there ſeem to be occaſion, be made a little ſtronger, by putting into them ſome veal or a fowl; but there ſhould not be any beef allowed, till there be certain proof, that the reſolution is begun; and it would then be even yet better, at leaſt for the firſt days, to be ſatisfied with adding a little boiled rice to the broth, without making any other change.

3°. It is neceſſary to preſerve the due paſſage of the urine, by the uſe of cooling diuretics, which are antiphlogiſtics; and conſequently proper to moderate the ardour of the fever, and of the inflammation. Such are purified nitre, *ſal prunellæ*, or the *ſal ſedativus* of Homberg, in the doſe of half a dram in each pint of ptiſan; but care muſt be taken never to employ hot diuretics, which would increaſe the fever, and inflammation.

4°. When the pulſe grows weak, endeavour muſt be made to reanimate it, by mild cordials; which are diaphoretic, and proper to excite a breathing ſweat, that relaxes the conſtringed parts. Such is a potion compounded of the water of *carduus benedictus*, ſcabious, and meadow ſweet; to which is added, a dram of the *confectio-hyacinthi*, or *alkermes*, and a ſpoonful or two of orange flower water, or barley cinnamon water. There may be even ſuper-added, if it be thought proper, ſome drops of anodyne tincture; ſuppoſing narcotics are not given in any other form;

form; and even ſome drops of *lilium*, or ſome grains of volatile ſalt of vipers. But, nevertheleſs, there muſt be great circumſpection in the uſe of theſe cordials, of ſo heating a nature; for fear they augment the fever and inflammation, and become more hurtful than ſerviceable.

5°. After the firſt days, when the veſſels are freed from the conſtriction, by a ſufficient number of bleedings, and the pain of the inflammation begins to ſubſide, means muſt be uſed to empty the firſt paſſages, by apozems made of ſoftening and emollient herbs; as borage, lettuce, endive, ſuccory, &c; to which is added, an ounce of manna, or of pulp of caſſia, to every doſe; and of which there ſhould be taken two or three doſes, at two or three hours interval; or a *dilutum* of caſſia, by two or three glaſſes of whey, may alſo be uſed beneficially. Theſe ſlight minoratives are the only means to ſurmount, or, at leaſt, to diminiſh, the paroxyſms, which make the greateſt danger of the diſeaſe; as they threaten the *uterus* with a freſh repletion, when they are great.

6°. If any beginning of reſolution be perceived, which may be diſtinguiſhed by the diminution of the tenſion, and of the ſenſibility of the hypogaſtric region, ſome ſlight reſolvents may be begun to be employed, in order to promote it. In this view, may be added to the injections, cataplaſms, &c. fenugreek ſeed, or the leaves of mugwort, feverfew, or pennyroyal, which muſt be ſlightly boiled with the other emollient herbs; or at leaſt the flowers of camomile, or melilot.

7°. When the reſolution is perfect, or much advanced, the patient ſhould take, for ſome days, twice in the day, that is, in the morning and evening, broth, or apozems, in which is boiled, leaves of harts-tongue, pimpernel, agrimony, or ſtrawberry; and to each of which is added, half a dram of the *ſal mirabile Glauberi*. It is proper, alſo, to purge the patient a little more effectively, with the decoction of tamarinds; the vegetable ſalt; and caſſia, or manna;

to which may be even added, ſome follicules of ſena, if there be occaſion.

3°. Finally, if there come on any diſcharge of either a red or white colour, in the courſe, or at the end of the inflammation of the *uterus*, far from being ſollicitous to put a ſtop to it, ſuch diſcharge ſhould be conſidered as a reſource that nature makes uſe of to unload the *uterus*; and ſhould be ſuffered to go on; at leaſt if it do not continue too long a time after the total reſolution of the inflammation; in which caſe endeavours muſt be uſed to ſtop it, by the remedies that have been propoſed above, in ſpeaking of theſe diſeaſes.

Practice propoſed by ſome authors, but bad, or ſuſpected.

I. Opinion has been a long time divided, with relation to the place where it is proper to bleed in the inflammation of the *uterus*. Galen, in two of his works [1], has plainly decided for the bleeding in the ham, *ex poplite*; or, in every caſe, for that of the ancle, *ex malleola*; in preference to bleeding in the arm, *ex cubitu:* in which he is, perhaps, not very conſiſtent with himſelf; for he ſeems elſewhere [2] to decide otherwiſe. Oribaſus [3], Paul Æginetus [4], and Ætius [5], on the contrary, order only bleeding in the arm. But Avicenna [6], and the croud of authors who have written ſince him; Arnoldus Villanovus [7], who followed Galen, being excepted; have endeavoured to reconcile the two opinions, by adviſing the bleeding in the arm, in the beginning of the diſeaſe; and that in the foot at the end.

[1] De curandi ratione per venæ ſectionem, cap. 18. Method. Medend. lib. xiii. cap. 11.

[2] Lib. ii. ad Glaucon. cap. 2. & 4.

[3] Synopſeos, lib. ix. cap. 50.

[4] De re medicâ, lib. iii. c. 64.

[5] Tetrabibl. 4. ſerm. 4. cap. 83.

[6] Lib. iii. fen. 21. tract. 4. cap. 12.

[7] Pratic. Medic. lib. ii. cap. 11.

At

At preſent, ſentiments on this head are more unanimous. It is agreed, that the bleeding ſhould be always in the arm, in caſes of inflammation of the *uterus*; becauſe this unites the advantages of evacuation and revulſion. There is only one ſingle caſe excepted, which is, when the inflammation is cauſed by a ſuppreſſion of the *menſes*, or the *lochia*; and that, nevertheleſs, the *menſes* or the *lochia*, though half ſuppreſt, do not wholly ceaſe to flow yet; which gives room for hoping to re-eſtabliſh them, by bleeding in the foot. But, even in this caſe, if the bleeding in the foot do not produce the effect which is expected; nor reſtore the due courſe of the *menſes* or the *lochia*; recourſe muſt be again had to bleeding in the arm, as to the only means which can effectually make a derivation of the blood that ſurcharges the *uterus*.

II. There were formerly ordered with confidence, in the inflammation of the *uterus*, frictions; ligatures; and cupping, either dry, or with ſcarification; but it was not well agreed in what places they were to be employed. Some [1] would have them on the ſuperior parts; as the arms, ſhoulders, back; or above or under the breaſts: and others on the inferior parts; as the thighs, buttocks, or *pubis*.

At preſent there is none, or but little, uſe made of theſe remedies; becauſe they are fatiguing to the patients; and of inferior efficacy to bleeding. But if the queſtion were to be determined now according to the principles of the circulation, it would not admit of any difficulty: ligatures would be condemned as always injurious, whatever part they may be applied on; and, as to frictions, and cupping, the ſame rule

[1] Aëtius, *ubi ſupra.*
Joh. Varandæus, *De Morbis Mulierum*, lib. i. cap. 7.
Victor Trincavellius, *De ratione Curandi particul. hum. corp. affectus*, lib. ii. cap. 14.
Daniel Sennertus, lib. iv. part. i. ſect. 2. cap. 13.
Guill. Rondelerius, *Method. Curandi Morbos*, lib. iii. cap. 72.
Dionyſ. Fontanonus, *Pratic.* lib. iii. cap. 26.
Rodericus à Caſtro, *De Morb. Mulierum*, lib. ii. cap. 21.
Barthol. Perdulcis, *Univerſ. Medic.* lib. xiii. ſect. 8. cap. 16.

would

would be obſerved with reſpect to them, as was before eſtabliſhed with relation to bleeding.

III. Galen [1] forbids the ſuffering the patients to ſleep in the inflammation of the *uterus:* becauſe, as he pretends, ſleep contributes to augment it. We may even find in Hippocrates [2], ſome expreſſions which ſeem to favour this opinion, at leaſt in the way of inference. It may be well conjectured, that authorities, like theſe, muſt have weight with ſome phyſicians [3]. They have not, however, prevented many others, from declaring for the uſe of narcotics in the inflammation of the *uterus:* and it appears to be the doctrine generally received at preſent. It is true, that neither anodynes, nor narcotics, muſt be given, when the inflammation of the *uterus* brings on a doſing ſtate; nor would any body think of giving them in that caſe, where they can have nothing to do. But they muſt of neceſſity be given, and are ſo generally, when the pain is lively and acute; when the patient is flurried, and can have no reſt; or when the reaſon appears depraved, and the patient is on the point of a *delirium*, which threatens violent raving.

IV. Avicen [4] adviſes to give vomits in the inflammation of the *uterus*; and his advice has influenced many phyſicians [5], who have regarded vomiting, as a

[1] Comment. iv. *in* ſect. 4. text. 17. lib. vi. *Epidemior.*
Comment. *in Aphoriſm.* 1. lib. ii.

[2] Epidemior, lib vi. ſect. 4. text. 12.
De victûs ratione, lib. ii.

[3] Avicenne, *ubi ſupra.*
Valeſcus de Taranta, *Philon.* lib. vi. cap. 14.
Rodericus à Caſtro, *ubi ſupra.*
Petrus Foreſtus, *Obſerv.* lib. xxviii. obſerv. 41, 42, 43.
Lud. Mercatus, *De Morb. Mulierum*, lib. ii. cap. 17.
Hier. Mercurialis, *De Morb. Mulierum*, lib. xiv. cap. 18.
Jean Liebault, *Des Maladies des Femmes.* liv. ii. chap. 14.
Lazare Fé, *Des Maladies des Femmes*, liv. ii. chap. 13.

[4] Joh. Varandæus, *ubi ſupra.*
Dan. Sennertus, *ubi ſupra.*
Lazar. Riverius, *Prax. Medic.* lib. xv. cap. 7.

[5] Lib. iii. fen. 21. tract. 2. cap. 12.
Bern. Gordonius, *Lilii Particulâ*, lib. vii. cap. 11.
Dion. Fontanonus, *ubi ſupra.*
Val. de Taranta, *ubi ſupra.*
Lud. Mercatus, *ubi ſupra.*
Vict. Trincavellius, *ubi ſupra.*
Rodericus à Caſtro, *ubi ſupra.*

revulſive

revulsive remedy in this case; and, consequently, as a safe one. But this practice has been censured with reason by others [1], who were less credulous, or more able. Nevertheless, in the time of these physicians, this practice might be persued with little or no danger: because the emetics, of which they made use of at that time, either did not excite vomiting, or only in a slight degree: but at present this practice would be extremely rash; because our antimonial emetics, which are more active, and which cause the most strong agitations, would immediately increase the inflammation, and the pain of the *uterus*.

V. Paul Æginetus [2] has recommended the giving no food in the inflammation of the *uterus*, during the first three or four days; and this notion has been followed by Avicen [3], and some other physicians [4]. It is certain, very little nourishment should be taken by a patient in a case so acute; and, with relation to this, every body is agreed. There are cases, undoubtedly, where the patients may, and ought to be confined to a little ptisan, for the first days; but I am not of opinion it should be made a general rule: and I suspect, with a learned physician [5], from whom I borrow this remark, that the dogmatical decision of Paul Æginetus, is less the fruit of his experience, than the consequence of his prejudice in favour of the system of the methodists, who made this severity in diet, the common basis of their practice: on which head may be consulted, Le Clerc, *Hist. de la Medicine*, lib. iv. sect. 1. chap. 7. and Gorræus, *Definit. Medic. in voce* Διάτριτος.

VI. Some authors [6] advise, in the inflammation of the *uterus*, to make anodyne injections into the blad-

[1] Varandeus, *ubi supra.* Sennertus, *ubi supra.* Riverius, *ubi supra.*
[2] *Ubi supra.*
[3] *Ubi supra.*
[4] Donat. Anton. ab Altomari. *De Medendis humani corporis affectibus.* Valesc. de Taranta, *ubi supra.* Dionysius Fontanonus, *ubi supra.*
[5] Petr. Salius Diversus, *Annotat. in Donat. Anton. ab Altomari*, cap. 106.
[6] Jean Liebault, *ubi supra.* Lazare Pé, *ubi supra.*

der,

der, as is done into the *uterus:* and it is certain, that theſe injections, as they can remain longer in the bladder than in the *uterus*, may be of ſome ſervice; particularly when the inflammation is ſituated in the neck of the *uterus*. But unfortunately, in this caſe, there is the greateſt difficulty in employing them. For, as the inflammation, under theſe circumſtances, communicates itſelf to the bladder, and its neck, the *cannula* can neither be introduced into the *urethra*, nor the injection thrown into the bladder, without cauſing the moſt ſenſible pain. For this reaſon, and perhaps alſo on account of the modeſty of the patients, they are intirely laid aſide at preſent. But if it ſhould ever be thought fit to uſe them, the *rectum* muſt be firſt freed from its contents, by proper remedies, in order to make room for the dilatation of the bladder; and the different kinds of injections into the inteſtines, the *uterus*, and the bladder, ſhould never be employed at the ſame time, for fear of too great a compreſſure on the diſeaſed part.

VII. Formerly many phyſicians [1] applied boldly on the *pubis*, and even on the *vulva*, topics actually cold; or ſuch as were prepared with vinegar; and, as they abated at firſt the ardour of the inflammation, the patient perceived, for the preſent, a ſenſible relief from them. But this ſlight ſucceſs ſhould be no inducement to imitate this practice, of which the conſequences are dangerous: as theſe remedies, by thickning the blood, and checking its courſe through the capillary veſſels, upon which they moſt immediately act, are injurious to the reſolution of the inflammation; and contribute often to bring on gangrene, ſuppuration, and *ſchirrus*. It is for this reaſon, as the real good of the patient ſhould always be preferred to their momentary and deluſive eaſe, none but warm topics, and ſuch as are proper to relax, and remove conſtriction, ſhould ever be applied.

[1] Gordonius, Fontanonus, à Caſtro, Rondeletius, *ubi ſupra.*

VIII. A

VIII. A common use was formerly made of astringent and repellent topics, composed of bole, dragons blood, *terra sigillata*, galls, balaustines, pomegranate bark, sumach, sanders, sugar of lead, &c. But these remedies are regarded at present as always suspicious, and often dangerous: because they stiffen and constringe the fibres of the part affected; and, by causing a strangulation of the capillary vessels, injure the circulation; which augments the inflammation, retards the resolution, and often brings on gangrene, suppuration, or *schirrus*.

IX. Some [1] practitioners advised formerly, in the inflammation of the *uterus*, that kind of half-baths distinguished in Latin by the name of *insessus*; particularly for virgins, with whom it is not easily practicable, either to make injections into the *uterus*, or to apply pessaries. These half-baths were prepared with a decoction of emollient and anodyne herbs; such as those which are employed for the fomentations. But this practice has unavoidable inconveniencies: for either the decoction of these half-baths would be colder than the part bathed, and then they would have the same bad effects as the topics applied cold; or they would be hotter, and in that case would augment the inflammation, by attracting the blood to the part bathed; as hot water draws the blood into the feet, when they are kept immersed in it, in order for bleeding in the foot.

X. Johnston [2] praises the following remedy, as proper to check the inflammation of the *uterus*. *Putatur*, says he, *inflammationem uteri proprietate quadam sistere*. A decoction is made of thyme in chalybeated water. It is imbibed in sponges; and the sponges are applied on the outside to the region of the *uterus*. It appears by the manner in which Johnston expresses himself, that

[1] Valesc. de Taranta, Bernard. Gordonius, Dion. Fontanonus, *ubi supra*.
Jacob. Primerosius. *De Morb. Mulier.*

[2] Joh. Johnstonus, *Ideæ universæ Medic. Practic.* lib. x. titul. 11. cap. 2. artic. 4.

it is only on the relation of another he ſpeaks: and there is the greateſt reaſon to believe he has been too credulous on this head. This remedy, which is at the ſame time reſolvent, on account of the thyme, and aſtringent, on account of the chalybeated water, may be proper at the end of the inflammation, when the intention is to ſupport and aid the reſolution already advanced: but it would be injurious if it were employed in the beginning, as Johnſton's words ſeem to intimate it ſhould be.

CHAP. II.

Of the gangrene and ſphacelus *of the* uterus.

§. I. DESCRIPTION AND DIFFERENCES.

IN general, gangrene and *ſphacelus* are kinds of corruption and mortification, in which the parts affected become livid and black; loſe much of the heat, and ſenſibility, which are proper to them, or are intirely deprived of it; and either no longer enjoy at all, or but imperfectly, the circulation of blood, lymph, and animal ſpirits.

Theſe two kinds of mortification are the ſame in reality; and differ only in the degree. As long as there remains any ſenſibility, or any heat, in the part; that it is livid, and not black; and that the blood, lymph, and animal ſpirits, yet circulate, though imperfectly; the diſeaſe bears only the name of *gangrene*. It is called *ſphacelus*, when the part has no longer either heat or ſenſibility; is become black; and the blood, lymph, and animal ſpirits ceaſe wholly to circulate.

Another diſtinction is made of the *humid* gangrene; in which the part becomes putrid and rotten; or, at leaſt, may be eaſily raiſed in tatters: and of the *dry*; in

in which the mortified ſubſtance grows hard and horny; and remains connected with the ſound part more ſtrongly, as it ſeems, than in the natural ſtate. This difference becomes more ſenſible, in proportion as the gangrene degenerates into a *ſphacelus*.

As gangrene and *ſphacelus* are diſeaſes common to every part of the body: the *uterus*, and the parts which depend on it, or are conjoined with it, as the *vagina*, and *vulva*, are not exempt: and it is that, which makes the contents of this chapter.

According to obſervation, gangrene, and *ſphacelus*, never happen to the *uterus*, or *vagina*, but in one of theſe caſes.

1°. In violent inflammations, which attack theſe parts: and then it is generally in the height of the inflammation, the gangrene and *ſphacelus* come on; that is to ſay, from the third or fourth day of the diſeaſe, to the ſeventh, or eighth.

2°. In the *deſcenſus* of the *uterus*, when it is very conſiderable, ſo that the body of the *uterus*, or, at leaſt, a great part of the *vagina*, falls to the outſide; and that the *uterus*, or the part of the *vagina* which is fallen to the outſide, remains a long time in ſuch ſtate, which can only be that of compreſſion, and ſtrangulation.

3°. In the phagedenic ulcers, which corrode the internal ſurface of the *uterus*, or the *vagina*; or, what comes nearly to the ſame, in the choppings or gaſhes of a ſimilar nature, and conſequently malignant, by which the interior ſurface of the *uterus*, or the *vagina*, is deeply furrowed.

Generally, the gangrene of the *uterus*, or the *vagina*, which comes on in the firſt or the laſt of theſe caſes, is of the *humid* kind: and, on the other hand, commonly of the *dry* in the ſecond.

Sometimes the gangrene affects the whole body of the *uterus*, which is however rare: and ſometimes it affects only one part, which is commonly its orifice or its neck; that is to ſay, its inferior part, which, in growing narrower, terminates at its orifice.

In other cafes, the gangrene fpreads itfelf through the whole thickneſs of the *uterus:* ſometimes it attacks only its external ſurface, which is, however, very rare; but moſt generally it extends only to the internal ſurface.

Finally, as the gangrene ſometimes affects the *uterus* alone, ſo at others it affects only the *vagina*, or the *vulva*, without communicating itſelf to the *uterus:* but it often happens, that it ſeizes at the ſame time, both the neck of the *uterus*, and the bottom of the *vagina*.

Of whatever nature may be the gangrene, or the *ſphacelus*; in whatever parts of the *uterus*, theſe diſeaſes may be ſituated; or with whatever circumſtances, they may be attended; the ſymptoms of them are always the ſame. The pulſe is low, quick, concentrated; the patients are ſeized with ſhiverings, ſtartings, and ſometimes even convulſive ſhakings of the whole body, without any apparent cauſe; and, at the ſame time that they ceaſe to feel any pain in the *uterus*, or but a leſs degree, they fall into a ſtate of oppreſſion, or extraordinary uneaſineſs, which is frequently but little ſhort of fainting; the extremities become ſo cold, that ſcarcely any warmth can be excited in them: in general, the patients have almoſt every moment the look of a perſon ready to expire, without there being the appearance of any diſorder externally, when the diſeaſe is in the *uterus:* but at length, as the diſeaſe continues, the fetid and cadaverous diſcharge, which comes on preſently, demonſtratively clears up the nature of the diſeaſe, ſuppoſing it has been till that time doubtful.

§. II. CAUSES.

I have explained the theory of the gangrene and *ſphacelus*, in the Treatiſe on Tumours; and I have there ſhewn;

1°. That the ſtate of life, or, if you will, of *vitality* of the parts, conſiſts in the uninterrupted ſucceſſion of the oſcillations of all the veſſels that conſti-

tute

tute them; whether arteries, veins, lymphatic veſſels, nerves, &c: which is, however, principally true of the oſcillations of the arteries: becauſe they are more ſenſible than thoſe of the other veſſels; and give, if I may be allowed to ſay ſo, the power of action to all the reſt.

2°. That, therefore, by the law of reverſes, the ſtate of mortification, and the ſtate of death of the parts, that is to ſay, gangrene and *ſphacelus*, ariſe only from that the oſcillations of the veſſels which compoſe theſe parts, and particularly thoſe of the arterial veſſels, are ſtopped in ſuch manner, that they are performed only imperfectly and with difficulty in the gangrene, and not at all in the *ſphacelus*.

3°. That obſervation, which in this perfectly agrees with reaſon, evinces, there are three principal cauſes which may produce the diminution of the oſcillations of the arterial veſſels; or even this total ceſſation, and from thence bring on either gangrene or *ſphacelus*.

The firſt, the too great plenitude of the capillary extremities of the arterial branches, which, in conſequence of being in a violent and tonic tenſion, cannot contract themſelves; and are thence deprived of the exerciſe of their natural power of oſcillation.

The ſecond, the relaxation of the elaſtic power of the coats of the capillary extremities of the ſame arterial branches, carried to ſuch a degree, that their oſcillations cannot any longer be performed: and that they ſtop of themſelves; or, at leaſt, are ſtopt by the ſlighteſt compreſſion, or by the leaſt conſiderable repletion.

The third, the dilaceration of the capillary extremities of the ſame arterial branches, and of all the other veſſels that enter into the conſtituence of the parts: which occaſions, that, being corroded, divided, or deſtroyed, they can no longer be ſubſervient to the alternative exerciſe of their ordinary oſcillations.

This general theory of gangrene, and *ſphacelus*, comprehends the particular theory of thoſe of the *uterus*; and it follows from the application, that ſhould be made of it to the *uterus*.

1°. That the gangrene and *ſphacelus* of the *uterus* can only proceed from one of the three cauſes, which are before laid down: and that, therefore, theſe three include all the cauſes, that can produce any gangrenes or *ſphacelus* of the *uterus* whatever.

2°. That the firſt of theſe cauſes produces the gangrene, and *ſphacelus*, which happen in the inflammations of the *uterus*, when they are very great, and very painful; when improper means are uſed to repreſs them by repellents and aſtringents; when, in order to haſten the reſolution, reſolvents are too ſoon employed, particularly ſuch as are over ſtrong; and alſo when they are too ſlow in terminating, by reſolution, or ſuppuration: and this is the *firſt caſe*.

3°. That the ſecond of theſe cauſes produces the gangrene, and *ſphacelus*, which come on in the *deſcenſus's* of the *uterus*, or of ſome conſiderable portion of the *vagina*, when the part, which is come out, is expoſed to violence and cold; when it ſuffers, in the part towards its baſe, a great ſtrangulation, which brings on a *ſchirrus*; when it is replete with lymph, of which this ſtrangulation ſtops the courſe, to ſuch a degree, as to loſe its natural power of reſilition: and this is the *ſecond caſe*.

4°. That the third of theſe cauſes produce the gangrene, and *ſphacelus*, which come from ulcers, or phagedenic choppings, or from ulcerated cancers, which erode the interior part of the *uterus*; particularly when theſe ulcers, and cancers, are hollow, malignant, and moiſtened with a purulent *ſerum*, which being imbibed into the ſubſtance of the *uterus*, ſoftens it at firſt, and at laſt deſtroys the texture of it: and this is the *third caſe*.

§. III. *Ex-*

§. III. *Explanation of the differences.*

I. Difference. The gangrene is produced in the *uterus* in two oppoſite ſituations: either when it is in its natural place; as in the firſt, and third caſes, in conſequence of the inflammation, or the exulceration: or when it is out of its place; as in the ſecond caſe, in conſequence of an *œdema*, which comes on in the *deſcenſus* of the *uterus*.

II. Difference. The gangrene of the *uterus* may be either *incipient*, or *confirmed:* that is to ſay, either a ſimple gangrene, or a true *ſphacelus*. It is *incipient*, or a ſimple gangrene, ſo long as the play of the oſcillations of the veſſels, greatly diminiſhed as it may be, ſtill ſubſiſts, at leaſt, in ſome places of the part affected; which may come either, from that the cauſes which produce the gangrene are weak; from that they have only operated a ſhort time; or from that they act on an *uterus* naturally ſound, and therefore in a condition to reſiſt longer to their effects. It is *confirmed*, and a true *ſphacelus*, when the oſcillations are intirely ceaſed in the whole extent of the mortified part: which ariſes, from that the cauſes have great power; from that they have operated for a long time; or from that they act on an *uterus* ſoft, œdematous, bruiſed, hurt, ulcerated, &c. and, therefore, more ſenſible of the effects they may have on it.

III. Difference. The gangrene may affect the *whole body of the uterus*; or it may affect *only one part.* It affects the *whole body of the uterus*, which is however rare, when the cauſes, that produce it, ſpread over the whole extent of the *uterus*; or, at leaſt, that the gangrene, which has begun in ſome part of it, has had time to diffuſe itſelf over the whole. *It affects only ſome particular place of the uterus*, when the cauſes, which have produced it, have had their ſeat confined to this place; and the gangrene, which they have brought on, has not had time to extend itſelf further.

IV. Difference. The partial gangrene may affect it in different places: as the *fundus*, the ſides, the fore-part, the hind-part, the neck, &c: which depends on the different particular cauſes, that determine the action of the general cauſes upon one place, rather than another. The moſt common place of a gangrene is, however, the orifice of the *uterus:* becauſe that is the place the moſt expoſed to the action of the acrid ſubſtances, which run from the *uterus*, and to the exulcerations which they may cauſe; to the dilacerations and excoriations, from hard labours; and, generally, to all the other cauſes of gangrene.

V. Difference. The gangrene ſeizes uſually the exterior ſurface of the *uterus*, when it comes on in a *deſcenſus* of the *uterus:* becauſe, then it is the exterior ſurface that is moſt expoſed to the action of the air, and to the other cauſes by which it may be affected. It poſſeſſes the whole thickneſs of the *uterus*; when it comes on in an inflammation, or an *œdema*, which have an effect on the whole thickneſs. But moſt frequently it occupies only the interior ſurface of the *uterus:* becauſe that is the ſide the moſt expoſed to the action of the cauſes which bring it on, for the reaſons that have been before mentioned, with relation to the orifice of the *uterus*.

VI. Difference. The gangrene of the *uterus* is commonly humid in the firſt, and in the third caſe: that is to ſay, when it ſucceeds to inflammation, or exulceration; becauſe, the part inflamed, or ulcerated, putrefies, and grows rotten. But it is ſometimes dry, when it happens in a *deſcenſus* of the *uterus*; which is the ſecond caſe: becauſe the acceſs of the air, or the rubbing of the cloaths, harden and dry the ſurface of the *uterus*, and occaſion, that the cruſt, which mortifies, remains attached to the reſt of the *uterus*, or is ſeparated more difficultly.

§. IV. SYMPTOMS.

1°. The heat of the part muſt be diminiſhed in gangrenes: becauſe that in them there are many arterial

terial ramifications, which beat weakly, or not at all; where the blood has little or no circulation; and which, conſequently, are deprived in part, or intirely, of the two cauſes which ſupport their heat, and conſequently that of the part.

It follows from thence, that the heat muſt go on diminiſhing in the gangrene, in proportion as the number of arterial ramifications, or oſcillations, weakned, increaſes; or in proportion as the degree of the weakning of theſe oſcillations augments; and that it muſt intirely fail in the *ſphacelus*; becauſe that then the oſcillations ceaſe abſolutely in the arterial ramifications throughout the whole.

2°. The ſenſibility muſt be diminiſhed alſo in gangrenes, becauſe that in them the oſcillations of the nervous filaments, which ſupport the courſe of the ſpirits, are weakned, or ceaſe in the greateſt part of theſe fibres: which occaſions, that they neither flow any longer into nor out of them; or but weakly; and conſequently do not communicate any longer to the brain the impreſſions which excite ſenſations; or communicate them only in a ſmall degree.

It reſults from thence, that the ſenſibility muſt go on diminiſhing in the gangrene, in proportion as the number of nervous filaments, of which the oſcillations are diminiſhed, increaſes; or in proportion as the degree of the diminution of theſe oſcillations augments: and that it muſt intirely ceaſe in the *ſphacelus*; becauſe that then the oſcillations ceaſe intirely, in the whole of the nervous filaments.

3°. The tenſion of the part muſt be diminiſhed likewiſe in the gangrene; becauſe that the blood which ſtagnates in the arterial ramifications, of which the oſcillations have ceaſed, or are diminiſhed, thickens there, and ſuffers the *ſerum* to eſcape; that this transfuſed *ſerum* penetrates, and relaxes the coats of the arteries, and the other fibres of the part; and that theſe relaxed coats, and fibres, are no longer in a condition to ſupport the ſame degree of tenſion in the part.

It

It follows from hence, that the ſoftneſs or flaccidneſs of the part, muſt augment in proportion, as the number of the coats of arteries, or of tendinous fibres, which are relaxed, increaſes: or in proportion as the degree of relaxation of theſe coats, and fibres, augments: and that it muſt be in the higheſt degree in the *ſphacelus*; becauſe then the coats of the veſſels, and the fibres of the parts, are all relaxed; and as much ſo as they are capable of being.

4°. The part muſt become livid in the gangrene; becauſe the blood in thickning becomes black in all the ramifications of the arteries, of which the oſcillations are weakned, or have ceaſed. And theſe ſeveral black points, uniformly intermixt with the parts which preſerve yet their natural colour, render the whole darker, that is to ſay, render it livid.

It reſults from thence, that the gangrened part will become more and more livid in proportion; as the blood ſhall ſtagnate, and become black in a greater number of arterial ramifications; or, in proportion as it ſtagnates more there, and becomes more black: and that it will be at laſt intirely black in the *ſphacelus*, becauſe then the blood ſtagnates, and becomes black, in all the ramifications of the arteries; and, on account of its ſtagnating there, the part becomes as black as it is capable of becoming.

5°. The pulſe is low, quick, hard, and concentrated in the gangrene; and yet more ſo in the *ſphacelus*: which may reſult from two cauſes; either from that one part of the purulent and corroſive *ſerum*, which the gangrened part has imbibed, into the blood, grows thick, and abates the circulation, which contracts the pulſe, and renders it quicker and more hard; or, from that the kind of dull pain, which the gangrene or *ſphacelus* cauſes in extending itſelf to the ſound part, that is next it, produces, by the known laws of ſympathetic motions, ſpaſmodic conſtrictions in the muſcular fibres of the heart: which hinder it, on one hand, from dilating as much as uſual; and force it, on the other, to contract more frequently,

and

and more ſtrongly than common: which gives riſe to the lowneſs, quickneſs, hardneſs, and concentration of the pulſe.

6°. The extremities become cold in the gangrene, and in the *ſphacelus*; and as much more cold, as the pulſe is more low: becauſe, when the pulſe is low, there paſſes leſs blood from the heart into the parts, and particularly into the remote parts; that is to ſay, the extremities of the body: which occaſions that theſe extremities, being leſs reheated, muſt grow cold; and this as much more quickly and more eaſily, as they are more expoſed to the action of the air; or as the air itſelf is more cold.

7°. The weakneſs of the patients in the gangrene, and *ſphacelus*, is yet another conſequence of the lowneſs of the pulſe: and even for more than one reaſon. For, on one hand, the more low the pulſe is, the leſs blood mounts to the brain; the leſs animal ſpirits are ſeparated in it; and the leſs, conſequently, the brain ſupplies them to the parts; and, on the other hand, the more low the pulſe is, the more weakly the beatings of the arteries of the brain, the contractions of the meninges, and conſequently the propulſion of the animal ſpirits into the nerves, are performed. Thus the quantity, and the velocity of the ſpirits, which flow into the nerves, diminiſhing at the ſame time, it reſults, that the force of the contraction of the muſcles, and the ſtate of the patient's ſtrength, which depend on it, diminiſh alſo, in a compound *ratio* of the quantity, and of the diminution of the velocity of the animal ſpirits.

8°. The frequent faintings into which the patients fall in the gangrene, and *ſphacelus*, may come from the lowneſs of the pulſe, and the weakneſs and the loſs of ſtrength; which the leaſt motion, or the ſlighteſt paſſion may increaſe, ſo as to cauſe a *ſyncope*. They may reſult alſo from the dull ſenſations of pain which are renewed from time to time, in the gangrened part, or in the border of the *ſphacelus*; and which, in occaſioning a freſh contraction of the heart, augment

ment ſtill more the lowneſs of the pulſe, and the loſs of the patient's ſtrength, which brings on the faintings.

9°. The irregular and convulſive ſhiverings, which ſeize the patients ſuddenly in the gangrene, and *ſphacelus*, may come likewiſe from two cauſes, as has been already remarked of the lowneſs of the pulſe, and the faintings; to wit, either from that the corroſive and purulent *ſerum*, which is reabſorbed by the part affected, thickens the blood; and cauſes theſe ſhiverings; or from that the dull ſenſations of pain, which the progreſſion of the diſeaſe cauſes to be produced, brings on, from time to time, ſympathetic contractions in the texture of the ſkin, and in the cutaneous muſcles, which produce theſe ſhiverings; or, to ſpeak more properly, theſe convulſive freezings, that are called in Latin *horrores* and *rigores*.

I impute, as it appears, the lowneſs of the pulſe, the faintings, and the ſhiverings, which accompany the gangrene, and *ſphacelus*, to two cauſes: to the quality of the humour, or of the *ſerum*, which repaſſes into the blood, and thickens it; and to the nature of the dull ſenſations of pain which are produced in the part affected, and cauſe theſe accidents, by the known laws of ſympathetic motions. But I confeſs, that I incline much more to the laſt; becauſe I perceive theſe accidents are never ſo ſtrong, as when the gangrene makes the greateſt progreſs, or affects the more nervous, and, conſequently, more ſenſible parts: which cannot be explained, by ſuppoſing there paſſes, at that time, more of the corrupted humour into the blood; becauſe that is a falſe fact: but may be very well explained, by ſuppoſing that the ſenſations of pain, which are made in theſe two caſes, in the gangrened part, are greater, more lively, and more perceptible, becauſe that the fact is true.

1°. The acrid *ſerum*, which drains from the blood, ſtagnated and thickned in the ſphacelated part, finds its way out eaſily through the ſpongy ſubſtance of the *uterus*: but, as it is ſtopt by the more cloſe texture of its

its coats, it muſt raiſe them in different places, and form there ſeveral *veſiculæ*, or bliſters, ſmall in the beginning, but which increaſe gradually, and are full of a yellow, red, or black water, according as this *ſerum* is pure, or as it is charged with ſome tinge of blood, more or leſs ſtrong.

11°. Finally, this *ſerum*, which is acrid, and even corroſive, muſt ſoon erode the coat which ſtops it; and then even the ſubſtance of the *uterus* begins to fall into tatters; and, when the gangrene is humid, there drains from it a *ſerum*, a *ſanies*, and a very fetid, or rather cadaverous putrid matter.

§. V. DIAGNOSTIC.

I. This kind of grangrene has its proper criterions, that render it diſtinguiſhable.

1°. The gangrene, which ſucceeds inflammation, never comes, but when the pain, heat, and tenſion of the part inflamed, after having riſen to the higheſt degree, ceaſe or abate ſuddenly, without any apparent cauſe. The patients may eaſily be deluded by it; and often indeed are ſo, even to the point of believing themſelves cured. But under theſe circumſtances a phyſician, on the contrary, ought to miſtruſt ſo haſty a change. Their ſuſpicions muſt augment in proportion, as the pulſe grows lower and weaker; as the extremities become cold; as the patients are ſeized with irregular ſhiverings; and as frequent faintings come on: their doubts, moreover, muſt at laſt give way to conviction, when theſe accidents continue, or increaſe; and are followed by a fetid and cadaverous diſcharge.

2°. The gangrene, which comes from exulceration of the *uterus*, proceeds ſomewhat differently: but the diagnoſtic of it is not leſs certain. At firſt the purulent diſcharge, afforded by the ulcers, ceaſes, or diminiſhes: becauſe the ulcerated part of the *uterus* is inflamed: which increaſes the pain, heat, and tenſion, that the patients feel there. This increaſe, when it is very great, in the caſe of exulcerations of the *uterus*, is

an

an almoſt certain criterion of an imminent gangrene. There is reaſon to regard it as already formed, when the pain, heat, and tenſion of the part ceaſe, or abate ſuddenly; the pulſe ſinks; and ſhiverings and faintings come on without any manifeſt cauſe. In ſhort, the diſeaſe is aſcertained, when theſe accidents perſevere; and the purulent diſcharge, which is renewed, has a fetid and cadaverous ſmell.

3°. The gangrene, which comes on in the *deſcenſus* of the *uterus*, is of two kinds. Commonly it ſucceeds the inflammation, which the *deſcenſus* occaſions in the *uterus*; and indeed it has then the ſame character, as all the other gangrenes that come in conſequence of inflammation; and is attended with the ſame ſymptoms; which are ſufficient to make it diſtinguiſhable, even though it ſhould not lie within the reach of the eye. But it is ſometimes cauſed by the *œdema* which is brought on the *uterus*, when it is out of its place; and it muſt be allowed, that it then proceeds in a more concealed manner, and with leſs formidable appearances. As it happens, nevertheleſs, in a part which may be ſeen and touched, it is impoſſible not to diſtinguiſh it by the blackneſs, ſoftneſs, and inſenſibility of the place where it is ſeated.

4°. The ſame judgment may be made by the touch, and even by the ſight, if a *ſpeculum uteri* be uſed: and with the greateſt certainty in the gangrene and the *ſphacelus* of the *vulva*, *vagina*, and even orifice of the *uterus*, from whatever cauſe theſe diſorders may proceed.

II. The different kinds of gangrene of the *uterus* are eaſy to be diſtinguiſhed.

1°. When the *uterus* is out of its place, a judgment may be formed by the degree of lividneſs, ſoftneſs, inſenſibility, and coldneſs, whether the diſeaſe may yet bear the name of *gangrene*; or ought to take that of *ſphacelus*. The diſtinction is not ſo eaſy, nor ſo certain, when the *uterus* is in its place: but the time from the beginning of the diſeaſe; the de-

gree of ſoftneſs and indolence of the hypogaſtric region; and the quality of the diſcharge; are ſufficient grounds of a deciſion, that carries ſufficient probability.

2°. Judgment may be made, in the ſame manner, of the place of the diſeaſe, by the ſight, and the touch, when it comes on in a *deſcenſus* of the *uterus:* and, when there is no *deſcenſus*, it is to be judged of, by the knowledge that is already obtained of the extent, and place of the inflammation; and of the exulceration that has given riſe to it.

3°. When the *uterus* is out of its place, the gangrene is known to be humid, when it is perceived that the part affected grows rotten, and putrefies: and it is known to be dry, when the part is perceived to be dry and horny. But when the *uterus* is in its natural place, a judgment can be formed only by induction from the kind of gangrene with which it is attacked, according as the diſeaſe is followed, or not, by a fetid running.

III. In ſhort, the diagnoſtic of the cauſes is ſufficiently evident, not to require that we ſhould dwell upon it. For, after all, a gangrene can only ariſe from two cauſes, either from inflammation and exulceration, which is the hot gangrene of the antients; or from *œdema*, and relaxation, which is their cold gangrene. There is, conſequently, but little room left for miſtake, in the diſtinguiſhing cauſes ſo oppoſite.

§. VI. PROGNOSTIC.

Gangrene attacks the *uterus* in two caſes; either when it is in its natural place; or when it is not ſo, as in the caſe of the *deſcenſus*.

1°. The gangrene, which comes on the *uterus* in its natural place, muſt be regarded as mortal; and with great reaſon: for what reſources can be then had? It cannot be preſumed, that the neceſſary remedies can be conveyed to the gangrened parts; thoſe which may be conveyed there by chance, remain applied only a moment;

moment; and there is no daring to try the uſe of the kinds that would be moſt efficacious; ſuch as eſcarotics. There is, moreover, no means of performing extirpation; which is the only reſource in theſe caſes of extremity.

This prognoſtic admits of but few exceptions. There are found in authors, accounts of internal gangrenes of the *uterus*, which have been perfectly cured by the ſeparation of the gangrened part from the ſound. It is true, ſome of theſe accounts regard only partial gangrenes of the *uterus:* but there are others, where, as they aſſure us, the gangrene went through all the whole body of it; and where, as they pretend, the whole body was ſeparated from the other parts. It is proper, however, to be informed of theſe accounts, which may ſometimes ſerve to ſupport hopes: but it is proper alſo at the ſame time to remember, that if we were to yield an intire credit to them, they are too few in number to give any reaſon to change the fatal prognoſtic that is eſtabliſhed: and that, in ſuch caſes, we may ſay, *rara non ſunt artis.* But if we may ever flatter ourſelves with the hopes of a ſimilar ſucceſs, it can only be when the mortification is ſuperficial; of ſmall extent; ſituated in the *vagina*, or towards the orifice of the *uterus*; and happens from ſome accident in an *uterus*, otherwiſe in an healthful ſtate, and in a patient young, vigorous, and of a good habit of body.

2°. The danger occaſioned by a gangrene is not ſo great, when it is ſeated in the *vagina*; and leſs ſtill, when in the *vulva*. Becauſe, that remedies may be then applied to the parts, which cannot be conveyed to them when it is in the *uterus:* and that they can be kept applied there; which, moreover, cannot be done in the other caſe: beſides, the reſource that may be had in ſcarifications; and, with regard to the lips of the *vulva*, even in the extirpation of the part affected. Too much ſtreſs ſhould not, however, be laid on theſe reſources; and the gangrene of the *vagina*, and the *vulva*, ſhould always be conſidered, as a very dangerous

gerous diſeaſe: becauſe a certain and complete extirpation can never be accompliſhed.

3°. There is a caſe, that affords a little more room for hopes: which is, when the gangrene comes on in an *uterus* that has left its natural place, and is fallen down, ſo as to be on the outſide: becauſe then, beſides the other aids which may be commodiouſly and efficaciouſly employed, there is the reſource of complete extirpation: and, however formidable this operation may be, there are many accounts which ſhew, that it has been often performed with ſucceſs in theſe circumſtances; as will be ſhewn below, where the *deſcenſus* of the *uterus* will be treated of.

§. VII. *Method of cure.*

However fatal, and even however certain, the prognoſtic on the gangrene of the *uterus* may almoſt always be, it would be inhuman to refuſe to undertake the treatment of it. It is true, that nothing is more vexatious, nothing more diſcouraging, than not to be able to cheriſh the leaſt illuſion on the ſucceſs. But in how many caſes muſt phyſicians have the charity and patience to afford long attendances, of which they are beforehand convinced of the inutility. The gangrene of the *uterus* only furniſhes them with another occaſion of exerciſing the ſame virtue: and an occaſion ſo ſhort, as neither to give room to exhauſt, or tire it.

In general, the treatment which is proper in the gangrene of the *uterus*, does not differ from that, which is employed for others: or, at leaſt, it differs only in the embarraſment occaſioned by the ſituation of the diſorder: and the addreſs which the delicacy of the part affected requires. In moſt caſes the intentions, which ſhould be propoſed in this treatment, may be reduced to the five following, in the ſame manner, as in the gangrenes of other parts.

The *firſt intention* muſt be, to diminiſh the power of the cauſes, which bring on the gangrene; and which, as has been already ſhewn, are the too great

plenitude of the veſſels, by the quantity of blood that ſuppreſſes the oſcillations; or the too great relaxation of the veſſels by the lymph, which hinders the oſcillations; or the dilaceration of the veſſels, by ſome acrid humour, that deſtroys the oſcillations.

For, 1°. When the gangrene is internal, that is to ſay, when it attacks the *uterus*, while in its place, there is only one way to diminiſh the power of theſe three cauſes; to wit, to employ bleeding, in order to endeavour to reſtore the courſe of the circulation, and remove the repletion of the blood, lymph, or thoſe acrid humours, with which the part is ſurcharged. Therefore, as ſoon as there is any reaſon to apprehend a gangrene, particularly in conſequence of inflammation, the bleedings muſt be repeated, ſo long as the ſtate of the pulſe and ſtrength of the patient permit it; at leaſt, if the pulſe be not very low, and the ſtrength much impaired.

But, 2°. When the gangrene is external, that is to ſay, when it happens to the *uterus* while out of its place, or that it is ſeated in the *vulva*, *vagina*, or even orifice of the *uterus*, where the eye can reach by the aſſiſtance of a *ſpeculum uteri*, there muſt be joined to the uſe of bleeding, the aid of ſcarifications, to diſcharge a part of the blood, lymph, or acrid humours, that ſtagnate there; and to eſtabliſh, by this means, the freedom of the oſcillations of the veſſels which are not yet deſtroyed; and in which the oſcillations are not intirely ſuppreſt; or, in other words, to reſtore them to their former *vitality*. Theſe ſcarifications are made more or leſs deeply, or more or leſs cloſely, according to the degree and the depth of the diſorder. In general, to render them uſeful, they muſt be made to the quick; that is to ſay, till the patient feels in a lively manner, and that the blood appears to be diſcharged liquid, red, and hot.

The *ſecond intention* is, to reanimate the oſcillations of the veſſels, that may be yet capable of it, after they have been diſgorged. To effect this, remedies muſt be employed that are ſpirituous, ſtimulating, capable

capable of exciting lively ſenſations in a part of which the ſenſibility is impaired; or, in other words, recourſe muſt be had even to eſcarotics.

I. The following are thoſe which the delicacy of the *uterus* may admit of being employed in the different caſes, where it may be ſubject to a gangrene.

1°. If the gangrene be internal, that is to ſay, in the cavity of the *uterus*, injections are made with the decoction of mugwort, birthwort, pennyroyal, melilot, and camomile, or water germander: to which is added, lime water, either ſimple, or impregnated with *ſal Ammoniacus*, *unguentum Ægyptiacum*, the *collyrium* of Landfranc, the theriacal ſpirit, tincture of myrrh, or *aqua vitæ*, camphorated and acuated with *ſal Ammoniacus*. The quantity of theſe medicaments is proportioned to the degree, and violence of the diſeaſe. But as it is very preſſing, the error ſhould be on the ſide of exceſs. Sometimes, when theſe remedies do not prove ſtrong enough, there is a neceſſity even to uſe along with them, injections of clear phagedenic water; or even when the clear is yet too weak, to uſe it ſomewhat turbid.

2°. If the gangrene be external; that is to ſay, if it happen to an *uterus* out of its place, or to the *vulva*; the ſame decoction, acuated in the ſame manner, muſt be employed. But care muſt be taken to make it in a *lixivium* of aſhes, or in ſtrong wine, to render it more powerful. It is then uſed in form of a fomentation, with which the gangrened part of the *uterus* that is out of its place, or the part of the *vulva* that is affected, is ſtooped. Compreſſes, dipt in it warm, may be alſo kept applied there.

3°. Laſtly, if the gangrene attack any of the ſides of the *vagina*, proper rolls of linnen, moderately cloſe, are prepared; and, being ſteeped in the ſame acuated decoction, may be introduced into the *vagina*, in the manner of a peſſary.

In all theſe caſes, care muſt be taken to renew the injections, fomentations, or peſſaries, as often as it may be judged neceſſary, on account of the ſtate of

the diſorder, and the ſenſibility of the part; or as it may be done without haraſſing the patient too much.

II. In the external gangrene, there are ſtill other reſources more efficacious, of which it ſhould not be neglected to take the advantage.

Such are, 1°. The application of cataplaſms, or peſſaries, according to the ſituation of the diſeaſe. The antients made uſe, in this caſe, only of cataplaſms formed of the three kinds of flour, that is to ſay, of wood peaſe, of beans, and of barley boiled in oxymel; to which ſome added afterwards the flour of lupines, aloes, myrrh, and *ſal Ammoniacus*, to augment the virtue. At preſent, cataplaſms are made more ſimple, but more efficacious, with ſoot, myrrh, and *ſal Ammoniacus*, all powdered finely, and uſed in due proportion; which are incorporated with a little honey in the conſiſtence of paſte; and to which is added *unguentum Ægyptiacum*, when it is judged neceſſary.

2°. The application of eſcarotics on the gangrened part; or what is better, upon the ſcarifications previouſly made. The antients employed the paſtils of Andron, Polyidas, Muſa, Paſion, or thoſe of Aſphodel; of which the manipulation is to be found in Galen, whence our old Diſpenſatories have copied them, making ſome ſlight changes. But theſe remedies are not now uſed; nor to be found in the modern Pharmacopeias: becauſe others are ſubſtituted in their place, that are more certain; and ſuch only are uſed at preſent: as the red precipitate mixt with *Ægyptiacum*, that is ſpread upon pledgets; phagedenic water, clear, or turbid, according to the occaſion; with which the part affected is embrocated; or what is ſtill more efficacious, a ſolution of crude mercury in *aquafortis*, with which the gangrened part is ſlightly touched. It is true, there is great care required in the uſe of theſe ſtrong eſcarotics; as well to confine their action, as to moderate their power; leſt the pain they excite may throw the patients into dangerous convulſions, if it be too violent.

The

The *third intention* is, to accelerate the ſeparation of the eſcar; that is to ſay, the diviſion of the gangrened part from the ſound: and, where there is the good ſucceſs to procure ſuch ſeparation, to heal the ulcer that remains.

The uſe of eſcarotics is not to be diſcontinued till there be good ground of aſſurance, that the progreſs of the gangrene is ſtopt: which is to be known with ſufficient certainty, in the external gangrene, by the red circle that ſurrounds the gangrened place; and by the purulent moiſture that begins to ouſe from all the border. But it is only a matter of conjecture, in the internal gangrene, from the ceſſation, or at leaſt from the abatement of the frightful accidents of the diſorder.

When matters are brought to this ſtate in the internal gangrene, it is proper to begin to cut the eſcar away as near as poſſible to the quick, with the point of a pair of ſciſſars; and anoint it two or three times a day, with freſh butter, cream, white of eggs well beaten, or oil of roſes. As ſoon as it appears that the ſuppuration begins to take place in the edge, application is made of pledgets charged with ſuppuratives, which are mollified with yolks of eggs, in proportion as the eſcar ſeparates around; and care is taken to take away the looſe part, till the wound be deterged.

But when the gangrene is internal, there is no other reſource, than to throw into the *uterus* injections charged with freſh butter, cream, or oil of roſes; to which ſuppuratives are gradually added at laſt, according as the quality of the diſcharge, and the nature of the accidents, give room to judge, that ſome portion of the eſcar is ſeparated.

When the eſcar is ſeparated, there is nothing more to be done, than to heal the ulcer, which remains. And if the diſorder be external, it is eaſy to dreſs it regularly with the proper unguents. But when it is internal, there is a neceſſity to have recourſe to the uncertain and inefficacious method of injections,

charged with the ſame unguents. In both theſe caſes, the applications muſt be repeated twice every day: particularly when recourſe is had to injections. The different unguents, that are to be uſed for this application, may be ſeen in the following chapter of the ulcers of the *uterus*.

The *fourth intention* is, to ſupport the due ſtate of the pulſe during the whole courſe of the treatment; and to promote the freedom of circulation by the uſe of cordials. It is not, however, fit to employ cordials, that are too powerful or heating; which, by increaſing too much the motion of the blood, would augment the fever, inflammation, and repletion, in the part affected; and, conſequently, the progreſs of the gangrene. But uſe may be made with ſecurity, of mild cordials; and which, in acting, far from drying the ſkin, keep up there, on the contrary, a gentle moiſture. Such are the cordial potions, made with the diſtilled waters of *carduus benedictus*, balm, ſcabions, water germander, and meadowſweet; the electuaries of hyacynth, alkermes, and *theriaca*; diaphoretic antimony; crabs eyes; orange flower water, or barley cinnamon water; the ſyrup of clove july-flowers, &c; by combining in the proportion, that may be judged moſt proper for each particular caſe, thoſe of theſe remedies that ſhall be moſt approved.

Half an ounce, that is to ſay, a ſpoonful of a potion of this kind, may be given from four hours to four hours; and if it be found, that this is not enough for the ſtate of the patient, the doſe may be augmented, or given more frequently; or even, in preſſing caſes, ſtronger cordials, as the *lilium*, or the volatile ſalt of harts-horn, or vipers, may be added, in the proportion that may be judged neceſſary. Even the yellow or white drops, known under the name of *General la Motte*, ought not to be condemned in theſe caſes; although they are, in reality, nothing but *aquafortis*, badly enough corrected.

The *laſt intention* is, to extirpate the gangrened part by amputation, when the inſufficiency of apply-

ing

ing remedies to put a ſtop to the diſeaſe is perceived. This extirpation may be practiſed, if the gangrene of the *uterus* be in the part that is fallen to the outſide of the *vulva*, when the diſorder is very much extended, or very deep; and there is no hopes of relief by any other method. It has been even ſometimes employed with ſucceſs, in caſes of a meer *deſcenſus* of the *uterus*, without any appearance of gangrene, when the *uterus* was ſo big, there was no poſſibility of reducing it. Inſtances will be found below, in the chapter *Of the deſcenſus of the uterus*; where a deſcription of this operation is given. It may be alſo practiſed, though in a manner more dubious of ſucceſs, in the gangrene of the lips of the *vulva*: and there is a remarkable account of it in Wier[1]. But extirpation is abſolutely impracticable in the gangrene of the *vagina*; and ſtill more ſo in that of the *uterus*, when it is in its natural place.

Finally, during the treatment of the gangrene of the *uterus*, care muſt be taken;

1°. To give the patient only weak broths, at leaſt ſo long as the gangrene ſpreads: but if there ſhould be ſo much good ſucceſs, as to ſtop it, the broths may be made more ſtrong, by augmenting the quantity of the fleſh put into them; or by adding a little boiled rice, or yolk of eggs.

2°. To keep the belly open by means of emollient glyſters; which ſhould be uſed every day.

3°. To keep the patient lying with the belly higher than the breech; that nothing may be retained in the *uterus*; and that the *ſanies* may be freely diſcharged. This poſture is indiſpenſably neceſſary, except when injections are to be made into the *uterus*: but then the patient muſt be placed in a poſition intirely contrary to it.

4°. To purge the patient ſlightly from time to time, during the treatment: ſuppoſing the ſtopping the gangrene, and taking away the eſcar, be accompliſhed. But theſe purges muſt be gentle; with an ounce of

[1] Obſervation. Medicar. lib i.

manna; or two ounces of pulp of *caſſia*, in a glaſs or two of whey; or of decoctions of the roots of the yellow mallow.

A remedy propoſed for the gangrene of the uterus, *which may be uſed with ſafety.*

For ſome time there ſeems to have been an emulative ſtrife in different parts of Europe, to attribute to the Peruvian bark, an efficacious, and almoſt ſpecific virtue, againſt mortifications. The firſt account of this matter is due to Mr. Ruſhwort, a ſurgeon at Northampton. It was given in 1715; and was confined to the advancing, that bark might be uſeful in mortifications, when they were cauſed or continued by an intermittent fever. It is to ſuch caſes alone, that he limited the uſe; and there is great appearance, that it is in ſuch caſes only the bark can be of any uſe.

But the matter was carried further at London ſome years after: and it was thought, proofs were obtained, that the bark was proper in all caſes of gangrenes from internal cauſes, whether they were attended with fevers, or not: and whether the fever that attended them was intermittent or continual. There may be ſeen, in the *Philoſophical Tranſactions* for the year 1732, extracts from ſome works, which appeared then in England, treating of this ſubject. But a more circumſtantial detail of the progreſs of this diſcovery, may be found in the tranſlation, made by Mr. Bremond, of this volume of the tranſactions; and in the notes, which he has added to it. As ſoon as this opinion was made public, new experiments were immediately tried in Scotland, which may be ſeen in *The medical Eſſays and Obſervations of a Society at Edinburg*, Vol. II. *Article* xxxiv. Vol. III. *Article* v. and vi. and Vol. IV. *Article* x. The ſucceſs was very ſatisfactory: and it was believed, that not only what had been already advanced in England was confirmed, but that the matter might be carried ſtill farther; and

the

the virtue of the bark extended to every kind of gangrene, as well from external as internal cauſes.

The fame of a diſcovery ſo important was not long in paſſing over into Germany; and determined Mr. Heiſter, a learned profeſſor of phyſic in the univerſity of Helmſtadt, to try the uſe of the bark in two caſes of gangrenes; in which he was confident it had good effects. The two accounts may be ſeen, that he has communicated to the academy *of the Curious in Nature*, and which have been inſerted in Volume V. of the *Acta Phyſico-Medica Naturæ Curioſorum*, *Obſervat.* 156. *pag.* 520.

Abraham Vater, profeſſor of phyſic at Vitemberg, publiſhed alſo, on the ſame ſubject, a diſſertation *De efficaciâ admirandâ Chinæ-Chinæ ad gangrænam ſiſtendam in Angliâ obſervatâ*; where he relates many obſervations; but where he has the ingenuity to acknowledge, he has not made any himſelf.

It may be eaſily concluded, that it was not neglected to make trials in France, and particularly at Paris, of the virtue of the bark in gangrenes. But the ſucceſs has badly correſponded with the idea which they had conceived of the obſervations made in England and Scotland; or to ſpeak more plainly, the ſucceſs did not at all anſwer. Mr. George Chriſtopher Detharding, profeſſor of phyſic at Roſtock, and ſince firſt phyſician to the king of Denmark, was not leſs doubtful of the virtue attributed with ſo much confidence to the bark; as appears by the theſis, which he maintained at Roſtock, in 1746; and which Mr. Haller has inſerted in his collection of medicinal theſes, Vol. VI. *De corticis Chinæ efficaciâ in gangrenâ & ſphacelo adhuc dubiâ.*

I do not however believe, that this affords ſufficient reaſon to make the uſe of this remedy be rejected in gangrenes. It would, without doubt, be raſhneſs to decide ſo haſtily. But it were to be wiſhed, that this example might evince with what circumſpection, and, if I may preſume to ſay ſo, with what indifference the virtues of medicines ought to be examined, before they

they are recommended. Without this precaution it is to be feared, that the too great prepoſſeſſion in favour of new remedies will, very far from clearing up the uncertainties we are under, with relation to the *Materia Medica*, only tend to augment them.

However, as the uſe of the bark is not attended with any danger, I am of opinion no heſitation ſhould be made to try its effects; particularly in the caſes ſo deſperate as thoſe of an internal gangrene, for which there is no other reſource. On this account, I ſhall relate the manner in which it has been employed in England; that thoſe, to whom it may be agreeable, may conform to it; or that they may be enabled to judge of the changes, which may be proper to be made, according to the caſes, and the circumſtances that may occur.

The manner, in which the bark was given againſt mortifications in England and Scotland, does not differ from that in which it is given in intermittent fevers. It was taken once or twice a day, and even oftner; and from four hours to four hours; when the ſtate of the diſeaſe was urgent. It was ſometimes adminiſtered in the proportion of only one ſcruple: but more commonly in that of half a drachm, two ſcruples, or a drachm, for each doſe. I am convinced it may be equally well employed in ſubſtance, or in decoction, provided the doſe be adjuſted. I do not even doubt, but that the advice of Mr. John Shipton, a ſurgeon of London; of whom a memoir on this ſubject may be found in the *Philoſophic Tranſactions of the year* 1732; may be followed with ſucceſs: and the reſin, or the extract of the bark, given inſtead of the powder; provided it be adminiſtered in very ſmall doſes: but I add, that it will be well in this caſe to yield the preference to the ſalt, or rather extract of the bark, made according to the method of Mr. Garaye: becauſe I am of opinion, it will preſerve all the virtues of the bark better than the common extracts.

To

To conclude, I do not imagine there is any occaſion to intimate, that in trying the bark in gangrenes, and particularly in thoſe of the *uterus*, any of the other remedies, which are uſually employed in this diſeaſe, ſhould be omitted. The effect of the bark is as yet too uncertain, and the ſpreading of the mortification too fatal, to admit, without imprudence, of truſting in a hope which may be vain; and of neglecting other reſources that are known; or at leaſt authoriſed by uſe.

CHAP. III.

Of the apoſtem *or abſceſs of the* uterus.

§. I. Description and Differences.

I. WHENEVER the inflammatory repletion of the *uterus* is not ſufficiently ſtrong to bring on a gangrene, by ſuppreſſing the oſcillations of the veſſels; and the violence, or the continuance of the cauſes which produce or ſupport it, are too great to ſuffer it to be diſſipated by reſolution; the reſult muſt be, from the concurrence of theſe two caſes, that the obſtructed blood will be converted into *pus* in all the places where it has ſtagnated; and that this *pus* will be collected betwixt the membranes of the *uterus*: which will form an *apoſtem*, or abſceſs of that part.

When the blood begins thus to be converted into *pus*, or, in other words, when the ſuppuration begins in the part inflamed, and the *apoſtem*, or abſceſs, is formed in it, there comes on, *paroxyſms* of all the accidents of inflammation; the heat, redneſs, pain, tenſion and fever; and they are even accompanied with ſlight ſhiverings, that are frequent, ſhort, and irregular. Theſe accidents abate, as ſoon as the ſuppuration is made, and the *apoſtem*, or abſceſs, formed: but when the proper remedies for the

diſeaſe are neglected, the *paroxyſms* come on again more ſtrong, and more diſtinct, from day to day; and are followed with thoſe of fever, which end in colliquative ſweats; a ſlow fever appears; the patients grow thin, pale, and parched; and make turbid and purulent urine: or are ſubject to colliquative fluxes of the belly; or fall at laſt into an *anaſarca*; at leaſt unleſs ſome way be opened for the *pus* to be diſcharged; or that it force ſome vent for itſelf.

The accidents, which evince the beginning of the ſuppuration, do not appear always at the ſame time with the inflammation: in common, they ſcarcely ever begin ſooner than the ſixth or ſeventh day, nor ſcarcely later than the tenth or twelfth of the inflammation.

II. The ſame accidents, or, at leaſt, ſuch as are very ſimilar, happen without having been preceded by any inflammation. In this caſe the patients feel at firſt, in the *uterus*, ſwelling, tenſion, pain, and heat, much leſs indeed than in inflammation, but great enough, nevertheleſs, to merit attention; particularly by their duration; for they continue a long time in the ſame manner. Sometimes theſe accidents go off, or diminiſh, ſo as to flatter, with the appearance, that the diſeaſe is cured: but gradually there come on little irregular ſhiverings, which are followed by ſlight feveriſh *paroxyſms*, that return every day, and ſometimes ſeveral times even in the ſame. Theſe ſhiverings and feveriſh *paroxyſms* increaſe from day to day; the patients grow thin; their pulſe is always reſtleſs; and at laſt they become intirely feveriſh: the pain, heat, tenſion, and ſwelling, are renewed, and fix themſelves in one part of the *uterus*; where it is then evident ſome latent ſuppuration is made.

On the one hand, the analogy of this diſeaſe, with others, particularly of the breaſt, which have the ſame beginnings, progreſs, and conſequences; and, on the other hand, the inſpection of the bodies of many women who have died of it; do not leave any room to doubt, but that it ariſes from a ſuppuration, which has

has taken place almoſt inſenſibly in the middle of one or more tubercles, or calloſities, formed in the ſubſtance of the coats of the *uterus*; and which, by increaſing, has increaſed alſo all the accidents that depend on it.

III. There are conſequently two kinds of *apoſtems*, or abſceſſes, of the *uterus*, which differ with relation to the cauſe. The abſceſs, which ſucceeds to the inflammation, may be called *phlegmonic*; and that which comes on in a tubercle, may be called *tuberculous*. It appears that the antients have known them both: the firſt under the name of the *hot apoſtem*; the other under that of the *cold*.

The other differences, that may diſtinguiſh the abſceſſes, are conſiderably numerous; but all ariſe from ſome circumſtances that are leſs eſſential.

Thus, with relation to the ſtate of the diſeaſe, the abſceſs, which is forming, *abſceſſus fiens*, in which the accidents are violent, makes one diſtinction; and the abſceſs which is formed, *abſceſſus factus*, in which the accidents are leſs conſiderable, makes another.

With relation to the place, where the diſeaſe is ſituated: the abſceſſes of the *fundus*, ſides, fore-part, hind-part, and neck of the *uterus*; and even thoſe of the *vagina*, and *vulva*; are diſtinguiſhed.

With relation to the extent the diſeaſe has gained; the abſceſs, which is great, or deep; or that which is little or ſuperficial; are diſtinguiſhed.

With relation to the cavities, which the diſeaſe has produced; the abſceſſes are diſtinguiſhed into *ſimple*, when all the *pus* is contained in the ſame cavity; and into *cellular*, *ſinuous*, and *fiſtular*, when it is diſperſed in many *cellulæ*'s, ſinuſſes, or fiſtula's, which communicate with each other.

Finally, with relation to the quality of the diſeaſe; diſtinction is made of the abſceſs *not complicated*, where all the diſorder conſiſts in the abſceſs alone; and the *complicated* abſceſs, where any *ſchirrus* or cancer is ſuperadded.

§. II. CAUSES.

§. II. CAUSES.

The inflammatory, and the tuberculous abſceſſes, are different diſeaſes in their principles; and require conſequently ſeparate explanations.

I. With reſpect to the inflammatory abſceſs, I have proved in *the Treatiſe on Tumours*, in ſpeaking of the ſuppuration, which produces it,

1°. That of the four parts which compoſe the blood; to wit, the red or globular part, the gelatinous lymph, which ſome have called, improperly, the fibrous part; the thin lymph, and the *ſerum*: there is only the gelatinous lymph, and the thin lymph, or perhaps even the gelatinous lymph alone, that can be converted into *pus*.

2°. That thus, in all the inflammations, which come to ſuppuration, it is neceſſary, the red part, the thin lymph, and the *ſerum* of the blood, ſtagnated in conſequence of the repletion, be reabſorbed, or diſſipated by evaporation, in ſuch manner, that there ſhall remain, in the part affected, only the gelatinous lymph, which muſt be changed into *pus*.

3°. That even this lymph, to become true *pus*, muſt undergo ſeveral changes; and that it is neceſſary, 1°. It become capable of remaining fluid, even in a cold ſtate; whereas before it concreted on growing cold, in the manner of ice. 2°. It acquires the property of diſſolving in water, like ſope; whereas before it was indiſſoluble. 3°. It becomes ſaltiſh, acrid, corroſive; and whereas before it was ſweet, and inſipid. 4°. It contracts ſome ſmell, and this a fetid one; whereas before it had no ſmell. 5°. It becomes opake, and of a grey colour, inclining to that of aſhes; whereas before it was tranſparent, and of a whiteneſs inclining to that of milk. 6°. It augments in weight, even ſo as to ſink in water; whereas before it was lighter than water, and remained ſuſpended in it; &c. For theſe are ſo many differences which diſtinguiſh the natural ſtate of the thick lymph, from that of *pus*.

4°. That

4°. That all these changes necessary to convert the gelatinous lymph into *pus*, are really wrought by the continued succession of the oscillations of the replete vessels, which, incessantly beating, shake, rub, and triturate the parts of the gelatinous lymph; and bring on them gradually all the different changes, we have been enumerating, by a succession of alterations easy to be conceived: but the particulars of which, I do not think it to the purpose, to enumerate here.

I shall confine myself, therefore, to the remarking, that the application of this general theory of inflammatory abscesses, is sufficient to explain the particular generation of inflammatory abscesses of the *uterus*. For it is evident; 1°. That the continued oscillations of the vessels of the place of the *uterus*, which is inflamed, must either absorb, by way of resolution, or dissipate by way of evaporation, the red part; the *serum*; and even the thin lymph of the blood, which is stagnated there.

2°. That the gelatinous lymph, which remains there alone, and which continues to be subjected to the action of the repeated oscillations, must receive gradually the changes necessary to make it acquire all the qualities of *pus*; such as have been explained.

3°. That this remarkable conversion of blood into *pus*, must never happen in inflammations, which turn into gangrenes; because, in such case, the oscillations are destroyed too soon to produce suppuration: nor in the inflammations, which terminate in resolution; because, in such case, the blood, regaining the course of the circulation, avoids the action of the repeated oscillations, before it is converted into *pus*.

4°. That it can only happen in the inflammations, which neither turn into gangrenes, nor terminate in resolution; because in the concurrence of these two cases, on one hand, the oscillations are kept up a long time without discontinuance; and, on the other, the same blood remains always exposed to their action; which

which muſt produce in it, at laſt, the changes that convert it into *pus*.

5°. That it muſt ſcarcely ever happen ſooner than the ſixth day, of the inflammation, nor later than the tenth. *Not ſooner* than the ſixth day, ſuppoſes, that the action of the oſcillations muſt be continued during ſix days at leaſt, to be able to change the blood into *pus: not later* than the tenth day, ſuppoſes, that the oſcillations, which have wrought nothing in ten days, are too weak, in their nature, ever to produce ſuppuration; at leaſt unleſs they become ſtronger; that is to ſay, unleſs the inflammation be renewed.

6°. Finally, that ſuppuration muſt begin ſooner, or later, in different caſes, and in different circumſtances. 1°. According to the force and the greater or leſs frequency of the oſcillations of the replete veſſels; the blood being the ſame: 2°. According to the diſpoſition of the blood to acquire more or leſs the qualities of *pus*; the oſcillations operating under the ſame circumſtances of force and frequency: 3°. According to the concurrence of theſe two cauſes united together; or, in other words, according to the force, and the frequency of the oſcillations; and according to the diſpoſition of the blood.

II. As to the *tuberculous* abſceſs, all the theory of it depends on the three following queſtions. 1°. What the tubercles are, which give riſe to theſe abſceſſes? 2°. How theſe tubercles are formed in the *uterus*? 3°. Why they come to ſuppuration?

Firſt queſtion. Tubercles are, in general, ſmall glandular lumps, hard, firm, compact; and covered with a ſmooth coat, adhering ſtrongly. They are generally of a ſpherical figure, or ſuch as approaches nearly to a ſphere; but the ſize and number of them vary in each ſubject, and in each caſe. Sometimes they are not bigger than a pea; and there are even yet leſs, but they do not then merit any attention: and ſometimes they are as large as nuts; and even as pigeon's eggs. Sometimes they are in great number in the parts affected; and they are then generally ſmall: and

and ſometimes they are not ſo numerous; and are then commonly the biggeſt.

The knowledge of the ſtructure of the parts, where tubercles are moſt common, does not ſuffer any doubt to remain, that we muſt diſtinguiſh them into three kinds. 1°. The tubercles which are formed in the little lymphatic glands, of which all the parts are full; and which are the firſt ſources of the lymph: 2°. The tubercles which are formed in the knots of the capillary lymphatic veins; that is to ſay, in the ſpaces betwixt the ſigmoid valves, which go croſs theſe veins at intervals: 3°. The tubercles which are formed in the glands, that belong to each part: as in the bronchial glands of the lungs, the inteſtinal glands, the inteſtines, &c.

To reſume, however, the queſtion, the tubercles, we are treating of, and which come in the *uterus*, are formed in three places. 1°. In the ſmall lymphatic glands, which are diſperſed in it: 2°. In the knots of the capillary ramifications of the lymphatic veins, which creep under its coats: 3°. And in the lactiferous veſſels, which belong to it; and of which the ſtructure, and the uſes, are particularly explained in *Chap. I. of the firſt Book.*

Second queſtion. As the tubercles of the *uterus* are always, from their eſſence, tumefactions, or repletions, which are made either in the lymphatic glands, in the lymphatic veins, or in the lactiferous veſſels, it is neceſſary, in order to their production, that the lymph ſtagnate, and be accumulated in the glands, or in the lymphatic veins, of the *uterus*, in the two firſt caſes; or the uterine milk, in the lactiferous veſſels of the *uterus*, in the third caſe.

For the lymph, and the uterine milk, can ſtagnate, or be accumulated, in their reſpective reſervoirs, only from three cauſes: 1°. either becauſe theſe humours are too thick to circulate as they do commonly; 2°. or becauſe the canals, by which they ſhould circulate, are too ſtrait to afford them a free paſſage; 3°. or becauſe, on the one hand, theſe humours are too thick; and,

on the other, at the ſame time, the canals are too ſtrait.

Theſe three orders of cauſes will be more amply examined below, in ſpeaking of *ſchirruſſes*. It is ſufficient to remark here; 1°. That the firſt caſe, or, in other words, the thickening of the lymph and the milk of the *uterus*, may proceed, 1°. from the uſe of groſs food, which ſupplies a groſs chyle: 2°. from the bad digeſtion of the food, even the beſt, which produces a chyle badly elaborated: 3°. from the introduction of ſome venereal, ſcrophulous, ſcorbutic, &c. ferment into the blood, which thickens it: 4°. from ſome ſudden cold, which may affect the *uterus* through any caſual accident, and thicken the humours that circulate in it.

2°. That the ſecond caſe, or, in other words, the ſtraitning of the canals in which the lymph and the milk ought to circulate, depends always on an *erethiſmus*, that is to ſay, on the convulſive contractions which come on in the fibres of the *uterus*; by the intromiſſion of virulent *ſemen*; by the detainer of the *fluor albus* in an acrid ſtate; by the uſe of ſome irritating or corroſive injection; by ſome blow or bruiſe of the *uterus*; and by ſome violent paſſion of grief, anger, or joy, &c. particularly in the time of the *menſes* or *lochia*.

3°. That the third caſe, or, in other words, the concurrence of the two firſt, proceeds from the affinity of particular cauſes to theſe two caſes; which often gives riſe to a concurrence of the cauſes, that have relation to each other.

It reſults from thence; 1°. That the number of tubercles in the *uterus*, depends on the greater or leſs univerſality of the cauſes which produce them. Thus the more the thickening of the lymph, or milk, is general; or the more the convulſive conſtriction is extended in the *uterus*; and the more the lymph or uterine milk will ſtagnate in the greateſt part of their reſervoirs; which will produce a greater number of tubercles:

bercles: but, on the contrary, in the oppoſite caſe, there will be much fewer.

2°. That the magnitude of the tubercles depends on the degree of the dilatability of the glands, veins, and replete veſſels; and on the degree of force, with which the lymph or the milk is there propelled. Thus, the more theſe glands, veins, or veſſels, are eaſily dilatable, the more the lymph, or the uterine milk, will be there ſtrongly propelled; and the more the tubercles will grow large. Their growth will, on the contrary, be much leſs in the oppoſite caſe.

3°. That the hardneſs of the tubercles depends on the thickening of the lymph, or of the uterine milk. Thus the more quickly and greatly theſe humours grow thick, the more the tubercles will be hard and compact: they will, on the contrary, be leſs hard, and compact, in the oppoſite caſe.

4°. Finally, that the tubercles, however hard they may ſeem, are always more ſo at their border, than at their center. The humour, which forms the border, is always that which ſtagnates the firſt; and it muſt, conſequently, be the moſt thick. On the contrary, the humour which is in the center, has always been collected the laſt; and muſt therefore have moſt retained its fluidity.

The third queſtion. The tubercles of the *uterus*, as well as thoſe of all the other parts, often come to ſuppuration. This ſuppuration begins always in the center; becauſe there the humour is moſt fluid, as has been ſhewn already; and conſequently the moſt ſuſceptible of the effects, which muſt convert it into *pus*.

This ſuppuration of tubercles can only be attributed to the too violent ſtrokes of the arteries, which ſurround them. It is apparent there is nothing, but theſe redoubled beatings, which has power to agitate, beat, ſhake, and triturate the lymph, that is in the middle of the tubercle; to introduce gradually there the changes neceſſary to form it into *pus*, nearly in the manner, that it has been ſhewn, theſe ſame

ſtrokes convert the groſs lymphatic part of the blood into *pus*, in the caſe of inflammations.

From thence it reſults, that the tubercles never ſuppurate, but when the beating of the arteries is augmented in the neighbouring parts, by ſome inflammation which has come on there, by blows, hurts, or bruiſes, to which theſe parts are expoſed; by the immoderate uſe of food, that is acrid, ſpirituous, or heating, which agitates the blood, and augments the beatings of the arteries; or by watchings, violent paſſions, over great exerciſe, improper uſe of diſſolvents, &c. which produce the ſame effect.

Whatever relation, nevertheleſs, there may be betwixt the ſuppuration of tubercles, and that of inflammation, the *pus* is not the ſame in both theſe caſes. That proceeding from inflammations is white, thick, equal and uniform; and that from tubercles is ſerous, grey, unequal, grumous and viſcid. Moreover, the one is formed of the gelatinous lymph of the blood, more ſuſceptible of the alterations which conſtitute *pus*; and the other of common lymph, or of ſome particular humour; leſs ſuſceptible of ſuch alterations. The one is formed by the ſtrokes of many arteries, which beat with force; and the other, by the diſtant ſtrokes of ſome arteries which beat weakly.

The ſlowneſs, with which tubercles ſuppurate, muſt be alſo attributed to the quality of the matter which ſuppurates in the tubercles; and to the ſmall degree of power of the cauſes which produce the ſuppuration. Sometimes the ſuppuration, already begun in a tubercle, remains many months without increaſing; or if it increaſes, it is only by degrees, that are ſcarcely perceptible; but it increaſes at laſt: the matter reduced to a ſuppurated ſtate, inlarges gradually, and rareſies: and the tubercle is diſtended; ſoftens; grows thin; and forms at length a bag or *cyſt*; or, in other words, a *tuberculous* abſceſs.

What is ſaid of one tubercle agrees equally with ſeveral, when there are ſeveral in the ſame part: as the

the ſame cauſes act nearly in the ſame manner upon the tubercles which are nearly the ſame, they muſt produce nearly the ſame changes in them. From thence it proceeds, that the ſuppuration of one tubercle foretels, almoſt always, the ſuppuration of ſeveral others, which ſuppurate ſome times at the ſame period; ſometimes ſucceſſively, according to the different application of the cauſes that make them ſuppurate, and the different quality, or conſiſtence, of the humour they contain, which is to be reduced to a ſtate of ſuppuration.

§. III. SYMPTOMS.

1°. When the abſceſs is only forming, the matter which ſuppurates muſt, by rarefying in the diſeaſed part, diſtend in it the nervous *fibrillæ*; compreſs the capillary veſſels; ſtop the whole courſe of the blood; and render the beatings of the arteries more ſtrong: and thence augment in it the tenſion, pain, and heat.

2°. But, ſo ſoon as the abſceſs is formed, all theſe ſymptoms diminiſh; either becauſe then the *pus* does not rarefy any longer; or rarefies only in a leſs degree; or becauſe the ſolution of continuity, which the ſuppuration has made, relaxes, and renders more looſe the veſſels, and the fibres of the part.

3°. As long as the *pus* ſtagnates in the abſceſs, one part of it muſt be taken up again, and reabſorbed by the blood-veſſels, or rather the lymphatic veſſels, which are near, to paſs into the blood: and this part of the *pus*, which paſſes inſenſibly into the blood, muſt therefore keep up a tendency to a ſlow fever; becauſe of the acrid ſalts with which it is charged, that divide the maſs of the humours; and irritate, at the ſame time, the heart and arteries to more ſtrong and frequent beatings.

4°. This paſſage of *pus* into the blood may be augmented by different accidental cauſes: ſuch as watchings, pain, motion of body, inquietude of mind, application of remedies, conſtriction of the diſeaſed part,

&c: and then, the *pus* passing into the blood, in gross drops, or flakes, will thicken it so much, that it will not be intimately mixt. From whence proceeds the shiverings common in abscesses: which are more or less frequent, sensible, and regular, according as this abundance of *pus* passes into the blood, more or less quickly, and in greater or less quantity.

5°. In proportion as the flakes of *pus* are more intimately mixt with the blood, the shivering diminishes; and the fever displays itself: because then the salts of the *pus* act freely, and efficaciously, on the blood, heart, and arteries. From whence arise the fits of fever, that follow the shiverings; which are longer or shorter, according to the quantity or quality of the *pus* which produces them; and terminate in colliquative sweats, caused by the liquefaction of the blood.

6°. From what has been said it follows, that abscesses, particularly those of the *uterus*, always bring on a slow fever; which continues as long as the *pus* stagnates there; and which is attended with *paroxysms*, that are irregular, but always preceded by shiverings, and followed by sweats. To this habitual fever, and the liquefaction of the blood, which it causes, must be imputed the tabidness, wasting, and decay, of the patients.

7°. When the *pus*, which passes into the blood, is very copious, or thick, it can scarcely be all dissolved there; or, at least, it is dissolved with difficulty; which occasions, that several flakes, or drops, of *pus*, suffer themselves to be carried off by the *serum* of the urine; and are separated, together with it, by the kidneys; causing the urine to be foul, turbid, and fetid; and to deposit a purulent sediment, on standing.

8°. These different symptoms, which are very observable in the inflammatory abscesses; because in them the *pus* is at liberty to extend itself in the part, and to pass from thence into the blood; do not appear in the tuberculous abscesses, so long as the *pus* is

is incloſed in the tubercle, of which the thickneſs of the *cyſt* does not permit it to eſcape: but they ſhew themſelves at laſt in theſe abſceſſes, the ſame as in the inflammatory, when the *cyſt* breaks; and the *pus* begins to ſpread in the texture of the part.

9°. *Pus*, incloſed in the cavity of an abſceſs of the *uterus*, has the power of inlarging ſuch cavity; of ſpreading; and of opening itſelf, at laſt, a paſſage out, either towards the inſide of the *uterus*; in which caſe it is diſcharged by the *vagina*; or towards the outſide; where it may take various courſes. For ſometimes it penetrates into the bladder, or the *rectum*; and comes away with the urine, or the ſtool. Sometimes it inſinuates itſelf along the membranes, which ſheath the round ligaments of the *uterus*, or on the ſide of the *vagina*; and makes a depoſit in the groins, or in the lips of the *vulva*: and ſometimes, moreover, it flows into the cavity of the *abdomen*; and is collected there, without any means of being diſcharged. Theſe different courſes which the *pus* takes, depend on the ſituation of the abſceſs. When it is on the internal ſurface of the *uterus*, which is the moſt common caſe, it opens into the inſide of the *uterus*: but, on the contrary, into the outſide, when it is on the external ſurface: which is, however, more rare. In this laſt caſe, the opening of the abſceſs is made into the bladder, *rectum*, ſheaths of the round ligaments, or cavity of the *abdomen*, according as the place, where the abſceſs has its ſeat in the *uterus*, is contiguous to the bladder, or the *rectum*; as it correſponds with the origin of the round ligaments, from whence the *pus* may find a paſſage into the ſheaths, which cover them: or as the abſceſs occupies the lateral parts of the neck of the *uterus*, from whence the *pus* may glide along the *vagina*, or even the bottom of the *uterus*; where, after having pierced the *peritonæum*, which covers that part, it may eſcape into the *abdomen*.

§. IV. DIAGNOSTIC.

I. *Diagnoſtic of the diſeaſe.* There is reaſon to apprehend an inflammatory abſceſs, as a conſequence of all the inflammations of the *uterus*, when there is not, towards the tenth or twelfth day, proofs of a perfect reſolution: but that, on the contrary, the *uterus* remains hard, diſtended, and painful.

It affords almoſt certain criterions of an abſceſs of the *uterus*, when, inſtead of the reſolution which was expected, it appears, that the pain, tenſion, and heat of the *uterus* increaſe; and the fever returns without any manifeſt cauſe.

In ſhort, there can be no doubt of an abſceſs in the *uterus*, when there remain, in this part, ſwelling, weight, and a dull pain, attended with a ſlow fever, ſubject to irregular *paroxyſms*, preceded by ſhiverings, and followed by ſweats; which gradually waſte the patient; and throw her into a *maraſmus*.

The criterions of an abſceſs of the *uterus*, that ariſes from a tubercle ſuppurated, are leſs certain. In the beginning, there is not any indication of it. Slight grounds of ſuſpicion ariſe in proportion as the tubercle increaſes: becauſe the patient complains of tenſion, and conſtant pain, in one particular place in the *uterus*. At length theſe ſuſpicions give way to certainty, when the tubercle opens into the ſubſtance of the *uterus*: becauſe, then the *pus*, which is diſcharged, brings on the ſame accidents as in the inflammatory abſceſs; but in a leſs degree; as the diſcharge of *pus* is leſs.

II. *Diagnoſtic of the kinds* of the diſeaſe. 1°. The abſceſs *which is forming*, is diſtinguiſhed by the increaſe of the pain, heat, and tenſion of the *uterus*; and by the return of the fever: and the abſceſs which *is formed*, by the diminution of the ſame accidents; and by the ſlow fever, ſhiverings, *paroxyſms* of the fever, and ſweats that follow; and bring on the *maraſmus*.

2°. *The*

2°. *The place* of the abſceſs is judged of by the knowledge of the part of the *uterus*, where the patient feels the principal pain; and where the greateſt reſiſtance is found.

3°. *The extent* of the abſceſs is preſumed from the extent of the tenſion, and pain; and from the magnitude of the *uterus*.

III. *Diagnoſtic of the cauſes.* It may be taken for granted, the abſceſs is *phlegmonic*; when it ſucceeds to an inflammation of the *uterus*, of which the reſolution could not be effected; or was made imperfectly. The progreſs of this kind of abſceſs is always apparent, and quick.

Such as happens, on the contrary, without any inflammation; and of which the progreſs is ſlow, and the ſymptoms never violent; as thoſe of the *phlegmonic* abſceſs; muſt be regarded as a *tuberculous* abſceſs.

§. V. PROGNOSTIC.

I. An abſceſs of the *uterus*, is a diſeaſe always very dangerous, in whatever ſtate it be conſidered; whether when remaining cloſed, and without vent; or when ready to open.

In the *firſt* caſe, 1°. The *pus*, which ſtagnates in the abſceſs, paſſes inſenſibly into the blood: and there keeps up, as has been ſaid, a ſlow fever; that undermines the patient, and ends in a conſumption or dropſy.

2°. If the *pus*, incloſed in the abſceſs, be thick, it indurates the ſurrounding ſubſtance: which becomes at firſt callous; and, at laſt, even cancerous.

3°. But if the *pus* be fluid and acrid, it deſtroys gradually the parts into which it inſinuates itſelf; and cauſes ſuch a diſſolution of the texture, as brings the *uterus* to a ſtate of putrefaction and gangrene.

In the *ſecond* caſe, 1°. It cannot be known on what ſide the abſceſs will open. If it open in the cavity of the *abdomen*, in conſequence of the *pus* being diſcharged and accumulated there, a gangrene will infallibly follow.

2°. If

2°. If it open into the bladder, or the *rectum*, the *pus* may be evacuated in either caſe: the conſequence of which will be, that the patient will continue a ſomewhat longer time, but will be deſtroyed at laſt by the ſlow fever.

3°. There is a little more hope, when the abſceſs preſents itſelf to the groins, or the lips of the *vulva*: becauſe a more eaſy diſcharge may be procured to the *pus*; and the diſordered part better deterged. But even in this caſe, it often happens, the ulcer cannot poſſibly be healed.

4°. Finally, when the ulcer opens, on the inſide, which is commonly the moſt favourable, there remains, in the *uterus*, an ulcer very difficult to be cured; and of which the conſequences are generally fatal; as we ſhall ſee in the following chapter.

II. The danger, from an abſceſs in the *uterus*, though always great, varies nevertheleſs in different caſes;

1°. According to the magnitude of the abſceſs. As a ſmall or middling abſceſs, is not ſo dangerous of itſelf, as one very large, and of great extent.

2°. According to the place of the abſceſs. As an abſceſs in the *vulva*, is leſs dangerous than one in the *vagina*; and one in the *vagina*, than one in the *uterus*.

3°. According to the nature of the abſceſs. As a *tuberculous* abſceſs is leſs dangerous than a *phlegmonic*.

4°. According to the kind of abſceſs. As a ſimple abſceſs is leſs dangerous than a complicated abſceſs, or, in other words, than an abſceſs of which the ſurrounding parts are callous, ſchirrous, cancerous, &c.

5°. According to the ſtate of the *uterus*. As an abſceſs which happens in an *uterus*, otherwiſe in a good ſtate, is leſs dangerous, than one that is formed in an *uterus*, long diſeaſed, ſwelled, or relaxed.

6°. According to the conſtitution, or age of the patient. As an abſceſs of the *uterus* is more dangerous in a woman infirm, cachectic, or old, than in one healthful, of a good conſtitution, and young.

§. VI. *Me-*

§. VI. *Method of cure.*

There may be occaſion for medical treatment of abſceſſes of the *uterus* in two caſes. The one, when the ſuppuration is going on, and the abſceſs forming: the other, when the ſuppuration is completed, and the abſceſs formed.

I. So long as the ſuppuration continues, there ſhould be no other object of care, than to moderate the heat, pain, and tenſion of the part; and to diminiſh the fever, in order to reſtrain the progreſs of the inflammation, and the extenſion of the abſceſs it brings on.

To effect this, 1°. Freſh bleedings in the arm are practiſed: and this is repeated as long as the ſtrength of the patient will permit it.

2°. The uſe of emollient, relaxing, and anodyne medicaments is reſumed, to remove the conſtriction of the part; and they are employed in form of injections, peſſaries, cataplaſms, and fomentations, in the ſame manner as has been laid down in the preceding chapter.

3°. The patients are confined to a ſtrict diet, that is to ſay, to broths, and even to broth of veal, or chicken: ſuppoſing the weakneſs of the patient do not render a ſtronger nouriſhment neceſſary.

4°. It is to be endeavoured to keep the belly free, by the uſe of glyſters: and even, if the violence of the fever permit it, there may be given, from time to time, apozems, that are ſlightly purgative, by adding to them manna, or *caſſia*.

5°. Finally, if the pains be great, they are to be quieted by a moderate uſe of narcotics; which are given in little doſes, repeated every fourth or ſixth hour.

II. When the ſuppuration is over, and the abſceſs formed, nothing elſe ſhould be regarded, but to procure, as ſoon as poſſible, a commodious vent for the *pus*, to prevent its deſtroying or injuring the texture of the part.

1°. If

1°. If the abſceſs be ſituated in the lips of the *vulva*, it is eaſy to open it, with a lancet or biſtory, in the part moſt depending, and moſt proper for the diſcharge of the *pus*, and the dreſſing the ulcer.

2°. If it be in the ſides of the *vagina*, it may be there alſo opened by an armed lancet, or with a biſtory, that is introduced, applied againſt the fore-finger of the right hand; and of which the motion is regulated, by the help of the finger; or at leaſt, if the *vagina* be dilated, by means of a *ſpeculum uteri*, it may be done with a lancet or biſtory, of which the motions may be then commodiouſly regulated.

3°. But if the abſceſs be in the *uterus*, there is, in that caſe, no other way to procure an opening, than by exciting motions capable of preſſing, or ſhaking, the *uterus* ſtrongly: ſuch as ſneezing, vomiting, coughing, efforts as when at ſtool, &c: and it is with this intention, that patients are deſired to cough as forcibly as they can; and that if there be occaſion, ſternutatories, emetics, irritating glyſters, ſuppoſitaries proper for exciting efforts to go to ſtool, ſuch as will be propoſed below, are employed.

With reſpect to ſternutatories, it is generally thought ſufficient to take common ſnuff; the powder of the leaves of betony, or of ſage; or Florentine orris root. But when theſe powders do not act with efficacy enough, there may be mixt with them round or long pepper, root of pellitory of Spain, or of white hellebore, *euphorbium*, &c. reduced to very fine powder; of which the choice, and the doſe, may be regulated by the ſtate of the patient.

As to emetics, thoſe moſt in uſe are the ſoluble tartar emetic, in the doſe of three or four grains, when it is prepared as at Paris; or the emetic wine, in the doſe of one ounce, or of ten drams. *Epicacuana* may alſo be ſometimes employed, in the doſe of twenty-five or thirty grains, if there be any indication that requires it: or antimonial emetics, more ſtrong, as the powder *algaroth*, in a doſe from two to four

four grains; if the ordinary antimonial emetics be found without effect: but that case is very rare.

To render the glysters irritating, two or three ounces of mercurial honey, and six drams, or an ounce of *diaphenic* or *hiera picra*; or two ounces of emetic wine; are added to a common decoction.

Finally, the suppositaries are composed of two or three ounces of boiled honey, and a dram of *sal Ammoniacus*; or of common salt. There may, where there is occasion to render them more powerful, be added one dram of *hiera picra*; or half a scruple of *diagrydium*; or of the troches *alahandal.*

CHAP. IV.
Of ulcers of the uterus.

§. I. Description.

ULCERS of the *uterus*, as well as all others, are solutions of continuity, or divisions of the substance in the interior surface of the *uterus*, which are not recent; and from whence there flows *pus*, or, at least, a purulent matter.

The accidents which precede this disease; and the symptoms which attend, or follow it; leave no room to doubt, but that these divisions are sometimes hollow, and deep, between the coats of the *uterus*; and that, at other times, they are superficial, and like gashes in the interior coat of it.

The opening of bodies of women, who have died of this disease, have confirmed the conjectures we have mentioned, on the different kinds of ulcers of the *uterus:* and they have shewn, moreover, that these slight gashes resemble sometimes *aphthæ*, more or less large, and more or less numerous, and dispersed in different places of the *uterus*; and sometimes a kind of chops, or small fissures, more or less deep,

deep, with which the ſurface of the *uterus* is, as it were, furrowed.

In all theſe kinds of ulcers, there diſtils into the *uterus*, *pus*, or purulent matter; which is gradually diſcharged externally; and marks the linnen of the patients. This *pus*, or purulent matter, is more or leſs copious and acrid. Sometimes it is thick; and reſembles true *pus*: at other times it is more fluid; and, properly ſpeaking, only a purulent *ſerum*. The colour of it varies much: it is white, aſh-coloured, yellow, or green, according to different caſes.

This diſeaſe is, moreover, always attended with a dull pain in the beginning: which, in the ſequel, becomes more acute; and, ſometimes, even cutting. Theſe pains ſpread towards the loins, hips, groins, or thighs, ſometimes on the right-ſide, and ſometimes on the left.

§. II. CAUSES.

The analogy of ulcers of the *uterus* with others, of which the origin is manifeſt, does not admit of our doubting, they come from three cauſes. 1°. From an abſceſs, or *apoſtem*, which has preceded, and found a paſſage into the *uterus*: 2°. From *eroſion* made gradually on the interior ſurface of the *uterus*, without any abſceſs having preceded: 3°. From a wound made in the cavity of the *uterus*, which has ſuppurated, and is become a true ulcer. Theſe different cauſes merit to be explained in detail.

I. The abſceſs of the *uterus*, which has been ſpoken of in the foregoing chapter, becomes an ulcer, as ſoon as it opens, and the *pus* diſcharges from it. As the abſceſs forms a cavity between the coats of the *uterus*, the ulcer, which proceeds from it, is always hollow and ſinuous; that is to ſay, winding in the ſubſtance of the *uterus*.

It has been ſhewn in the preceding chapters, that the abſceſſes of the *uterus*, are of two kinds; ſome *phlegmonic*, which follow an inflammation, or ſuppurated phlegmon; and others *tuberculous*, or *ſteatomatous*,

tomatous, which proceed from a tubercle, or incysted tumour; and this constitutes two different kinds of ulcers of the *uterus*.

II. The *erosion* of the internal surface of the *uterus*, is another very common cause of such ulcers. It may be occasioned by different causes.

1°. By the *fluor albus*, when very acrid, and very inveterate; which relax at first, but excoriate at last the *uterus*.

2°. By the *putrefaction* of a *fœtus*, mole, or *placenta*, retained in the *uterus*; which produces the same effect.

3°. By injections that are acrid, corrosive, and strongly styptic, which some surgeons may have imprudently advised to be made in the *uterus*, to hinder a *descensus*, or to repel the *fluor albus*.

4°. By the introduction of the depraved *semen* of a man, infected with some venereal contagion.

5°. By the acrimony of *menstrual* blood, and lymph; or of the milky humour, which gives rise to the *fluor albus*; particularly when these humours are changed by the commixture of a scorbutic, scrophulous, or venereal *virus*, with which even the blood of the patient is infected.

III. It is rare, the *uterus* is exposed to wounds, properly so called. But it may, and often does, happen, that it is wounded, or cut in different manners.

1°. By some stroke of the nail of the midwife, or person, who delivers the woman, in a difficult birth.

2°. By some instrument, ill formed, or imprudently employed in the extraction of a dead child; or of the head that has remained behind in the *uterus*.

3°. By the too violent extraction of a *placenta*, strongly adhering to the *uterus*; which carries off with it some small torn portion in being separated.

4°. By the infamous means, that some unhappy women employ to wound themselves.

§. III. Dif-

§. III. DIFFERENCES.

If what has been ſaid be duly conſidered, and particular attention given to what is generally obſerved in external ulcers, it will be eaſily comprehended, there muſt be ſeveral differences in thoſe of the *uterus*.

I. As with relation to the *immediate cauſe*, which produces them. Some, according to what we have before ſaid, are the conſequence of an abſceſs in the *uterus:* others, of an eroſion, which is gradually made: and others ſtill, of the diviſion, or tearing off the ſkin, in the anterior ſurface of the *uterus*.

II. With relation to the *antecedent cauſe*, on which they depend. Some come from a venereal *virus*, latent for a long time in the blood, or more recently received in the *uterus:* others, from a ſcorbutic, or ſcrophulous ferment, with which the blood is infected: and, according to the difference of theſe cauſes, the ulcers are diſtinguiſhed into *venereal*, *ſcorbutic*, and *ſcrophulous*. But when there is no reaſon to ſuſpect any of theſe cauſes, the ulcer is regarded as *ſimple*.

III. With relation to the *place* where they are ſituated. There are ulcers ſituated even in the *fundus* of the *uterus:* others in the ſides; on the right, or on the left-hand; or in the upper, or lower parts: and others, moreover, even at the orifice of the *uterus*. The ulcers alſo, at the bottom of the *vagina*, are regarded as ulcers of the *uterus*.

IV. With relation to the *quality* of the ulcer. For ſome have their edges ſupple, and ſoft; and bear the name of *ſimple*, or *kindly* ulcers. Others have their edges hard, and reſiſting; and bear the name of *ſchirrous*. Theſe ſchirrous edges become often painful, and ſubject to frequent ſhootings: and then the ulcers are conſidered as *carcinomatous*; and even as true cancers: according to what will be ſhewn below.

V. With relation to their *manner* of ſpreading in the *uterus*. For ſome attack only its interior coat; and

and make a great progreſs; and ſuch are called *ſuperficial*, or *erysipelatous* ulcers. Others ſpread leſs in extent, but increaſe their magnitude more in depth; and ſuch are called *cavernous*, or *profound* ulcers; which become at length *ſinuous*, or *fiſtulous*, according to the nature of the hollows, which are formed in the ſubſtance of the *uterus*.

VI. With relation to the communications, which they have with the neighbouring parts. For ſometimes an ulcer, in the interior part of the *uterus*, penetrates into the *rectum*, that is contiguous; and ſometimes one in the ſuperior part penetrates into the bladder; which happens, in the ſame manner, to ulcers in the bottom of the *vagina*, when they are cavernous and deep. This particularly holds good, with reſpect to ulcers in the lateral parts of the *uterus*, which glide ſometimes along the round ligaments, and make a way out at the groins, on either ſide.

§. IV. Symptoms.

I. In every ulcer of the *uterus*, a continual diſcharge of *pus*, which the ulcerated place affords, is made by the *vagina*. In thoſe, that come on from the opening of abſceſſes, this *pus* is copious: becauſe it is ſupplied by the abſceſs. It is alſo thick, and has moſt generally the qualities of laudable *pus*, except in a few particulars. But as ſoon as the abſceſs is empty, the *pus* runs leſs copiouſly, and what does run, is much more ſerous.

II. In ulcers which come from the eroſion or laceration of the *uterus*, the *pus*, which flows, is leſs copious in the beginning; particularly in thoſe that are cauſed by eroſion; to ſuch a degree, that the women ſcarcely perceive it at all. But the quantity of this *pus* increaſes, when the ulcer grows bigger, by ſpreading, or by going deeper. In this caſe, the *pus* is commonly ſerous, lymphous, and viſcid, in ſuch manner, that there is a difficulty, ſometimes, in judging of its quality. But in proportion as the

ulcer inlarges, the *pus* becomes more copious, and of a nature more eaſy to be judged of.

III. As a recent ulcer of the *uterus* poſſeſſes commonly only a ſmall place in it; and the natural conformation of the *uterus* is preſerved in all other points, menſtruation is then performed with the ſame regularity, as in the natural ſtate. But it is more painful: becauſe it brings on always a phlegmonic repletion in the edges of the ulcer. Sometimes this regularity is continued for a long time; becauſe the ulcer makes only a ſlow progreſs. But it ceaſes at laſt, and the *menſes* are diſordered, or ſuppreſt, when the repletion, produced by the ulcer, is extended over the whole, or almoſt the whole, of the ſubſtance of the *uterus*.

IV. The ulcer in augmenting, often exedes the little blood-veſſels, both arterial and veinous: and the blood, which runs from them, is mixt with the *pus*, which the cavity of the ulcer furniſhes; and renders it bloody, or ſimply ſanious, according as the veſſel, which ſupplies it, is more or leſs large, or open; and as the blood which comes out, is more or leſs copious. It ſometimes happens, the exeded veſſel is big enough to give occaſion to a conſiderable hæmorrhage, or loſs of blood, capable of bringing the patient into danger; eſpecially when the divided veſſel is arterial.

V. The *pus* which flows from the ulcers of the *uterus* is ſometimes pretty ſweet, without too much ſmell; and does not exede either the *vagina*, or the *vulva*. But at other times it is acrid, fetid, corroſive, and capable of exciting a *phlogoſis*, and making excoriations in the parts through which it paſſes. Theſe differences come in general from two cauſes: from the quality of the blood; which determines, all other things being equal, the quality of the *pus*, that comes from it: and from the longer or ſhorter ſtay which the *pus* makes in the *uterus*; where, however ſweet it may be, it muſt contract great acrimony

by remaining there; particularly when the *uterus* is much heated.

VI. In all ulcers of the *uterus*, the nervous filaments, distributed on the lips of the ulcers, are exposed to the action of the *pus*; that irritates them, or puts them in motion; which produces a pain in the part: from whence it results, that every ulcer of the *uterus* is painful.

VII. This pain is slight, and consequently but little perceptible, when the edges of the ulcer are not inflamed; the *pus* is sweet, and but in a small degree corrosive; and the ulcer seated in a part of the *uterus* not very sensible, such as the *fundus*, or the sides. It is greater, in the contrary cases, when the lips of the ulcer are inflamed; the *pus* acrid; and the ulcer seated at the neck or orifice of the *uterus*, where the sensibility is greater.

VIII. The pain in the ulcers of the *uterus* may differ, also, according to the state of them. If they be schirrous, the *pus* cannot make any impression on them, or only a slight one. In this case, therefore, the patients feel no pain, or but very little. On the contrary, they feel very acute pains, which will increase with shootings, if the schirrous ulcer become *carcinomatous*, from the reasons that will be explained hereafter in the *Chapter of cancers.*

IX. So long as the *pus* is sweet, and freely discharged, the ulcer does not become schirrous; particularly when the patient's lymph is naturally fluid. But every ulcer becomes schirrous, from the contrary reasons, when the *pus* is acrid; and, by exeding the fibres of the edges, makes them contract, and obstruct there the course of the lymph: and when, moreover, the lymph is, of its own nature, thick, viscid, and disposed to be easily obstructed. It is, in this manner, that ulcers badly deterged generally become schirrous.

X. The women affected refer to different places, the pain they feel, according to the seat of the ulcer which produces it. They refer it to the kidneys;

or, to ſpeak more properly, the lower part of the loins; and to the *os ſacrum*; when the ulcer is in the *fundus* of the *uterus:* to the right or left hip, when the ulcer is in the right or left ſide: to the *anus*, or to the bladder, when the ulcer is in the orifice of the *uterus*, or the bottom of the *vagina:* and when the ulcer is at the origin of either of the round ligaments, they refer the pain to the groin, on the ſame ſide; and to the inner part of the thigh; where it is known theſe ligaments terminate, and ſpread themſelves in form of an *aponeuroſis.*

XI. When the ulcer is in the anterior part of its neck, or of its orifice; or in the anterior part of the bottom of the *vagina*; the heat, and the *phlogoſis*, which attend it, communicate themſelves to the neck of the bladder, that is very near; which cauſes a frequent deſire to make water, and even a difficulty in voiding it, according as the cauſe increaſes: but in theſe caſes the *alvus* is freely voided, and the patient goes to ſtool without pain. It is wholly otherwiſe, when the ulcer is ſituate in the poſterior ſides of the neck of the *uterus*, or of the bottom of the *vagina:* for then the *phlogoſis* communicates itſelf to the *rectum*, that is contiguous; which occaſions a *teneſmus*, or frequent want of going to ſtool; and expoſes the patient to pains when ſhe really does go; particularly if the *fæces* be hard: but, in this caſe, the patients diſcharge the urine freely, and without pain. It often happens, in the ſame circumſtances, that the piles come on round the fundament.

XII. The bladder, and *rectum*, frequently participate in a more evident manner with ulcers of the *uterus.* For when an ulcer is ſeated in the anterior ſide of the neck of the *uterus*, or of the bottom of the *vagina*, and is deep and fiſtulous, it makes its way gradually into the bladder; and then the patient voids the urine through the *vagina.* On the ſame account, when the ulcer is ſeated in the poſterior ſide of the ſame parts, it penetrates gradually even into the *rectum*; and then the

the excrements, when they are liquid, are diſcharged in part by the *vagina*.

XIII. In the ulcers of the *uterus*, the ulcerated place grows thick throughout its whole extent, which augments the volume of the *uterus*. This augmentation, which is ſmall in the beginning, correſponds with the ulcer itſelf in its progreſs. In theſe ſimple ulcers, where their lips preſerve their natural ſuppleneſs, the *uterus*, although ſwelled, remains ſoft: but it becomes hard, and reſiſting, when the ulcer becomes ſchirrous.

XIV. In all ulcers of the *uterus*, women have pain, when they have commerce with their huſbands: but this pain is not always the ſame. It is in general more ſlight, when the ulcers begin; particularly if they come from eroſion, or any hurt: and it varies much at all times, according to the place of the ulcer. When it is at the *fundus*, or the ſides of the *uterus*, the pain is more tolerable: but it is inſupportable, when the ulcer is at the neck of the *uterus*, or at the bottom of the *vagina*.

XV. In the beginning of ulcers of the *uterus*, there is no fever, or only ſuch as is ſlight. But gradually, a ſlow one comes on, by the mixture of the parts of the *pus* with the blood: and the pain the patients feel, does not a little contribute to it. This fever is ſlow from its nature; but has a *paroxyſm* every evening. The *paroxyſms* which attend it, vary in the patients, according as the ulcer is deep, extended, and unkindly: as the *pus* is copious, or acrid; or ſtagnates in an ulcer badly deterged: and as the pains are acute, and more or leſs frequent.

XVI. Finally, the patients, waſted by this ſlow fever, fall into a *maraſmus*; and are brought to their end at laſt, either by the tumefaction of the inferior extremities, which increaſes more and more; or by a colliquative *diarrhœa*.

XVII. The greateſt part of the accidents, that have been ſpoken of, at leaſt with relation to the pain, and the places to which the women refer it, occur

together, though but weakly, whenever there is any ſwelling, or tenſion, in any part of the *uterus*, although without any ulcer; and there is reaſon, in ſuch caſe, to apprehend it will terminate at laſt in a real ulcer, if proper means be not uſed, to remedy it.

§. V. DIAGNOSTIC.

The diagnoſtic of the ulcer of the *uterus* becomes clear by degrees, as that of other diſeaſes.

I. The firſt point to be inquired after, is the exiſtence of the ulcer: which may be aſcertained without difficulty, 1°. By the ſeat of the pain, which the patient feels; the place to which ſhe refers it; and the increaſe of this pain at the approach of the *menſes*.

2°. By the diſcharge of a purulent matter, with which the ſhift is conſtantly ſpotted. There is ſometimes, in the beginning, ſome difficulty to diſtinguiſh the purulent diſcharge from the *fluor albus*; particularly when the ulcer is the conſequence of the *fluor albus*, from its too acrid-ſtate. The diſtinguiſhing them may, nevertheleſs, be accompliſhed, if attention be given to the pain of the *uterus*, which always accompanies the ulcer; and which is not found to attend the *fluor albus*. This doubt will not, however, laſt long in any caſe: for the ulcer going on to increaſe; the increaſe of the pain; the tumefaction of the *uterus*; and the quality, ſmell, and colour of the *pus*, that flows from it; give but too much light into this matter.

After all, there can be no doubt, except with relation to the exiſtence of the ulcers, which are made paſſively, and inſenſibly, by the eroſion, or the laceration of the interior ſurface of the *uterus*. For, as to thoſe which follow abſceſſes, the cauſes that precede them; and the copiouſneſs with which the *pus* runs, when the abſceſs is opened; do not permit any doubts to remain for a moment.

II. As

II. As ſoon as there is evidence of the exiſtence of an ulcer, and even before there be a poſitive certainty, it is proper to inveſtigate the immediate cauſe, that has given riſe to it.

1°. It is certain, by what has been already ſaid, that whenever the *pus* flows copiouſly, and of a ſudden, after an inflammation brought to ſuppurate, the inflammation, and a conſequential abſceſs, ſhould be regarded as the only cauſes of this kind of ulcer.

2°. But when the ulcer is formed paſſively, and inſenſibly, and the *pus* begins to appear gradually; eroſion, or the diviſion, of the interior ſurface of the *uterus*, ſhould be taken as cauſes of theſe ulcers. It muſt be attributed to eroſion, where any of the cauſes, capable of exeding the *uterus*, that have been enumerated in this chapter, under the article of *Cauſes*, has preceded: but to diviſion, where there has been no cauſe of eroſion; and that there is juſt reaſon to ſuſpect the *uterus* has been expoſed to ſome means of diviſion.

III. The third ſtep to be taken in the diagnoſtic of ulcers of the *uterus*, is to determine the antecedent cauſes that may have given riſe to them. To which end, the ſtate and conſtitution of the patient muſt be examined with care, in order to the judging, if there are warrantable ſuſpicions of the venereal diſeaſe, *ſcrophula*, or ſcurvy: if the patient, without being affected with any of theſe diſeaſes, be of a cacochymic habit, capable of producing or promoting an ulcer in the *uterus:* and, moreover, if in the abſence of all theſe cauſes, the ulcer may be attributed ſolely to any of the adventitious cauſes, that we have enumerated.

IV. There remains nothing more to be done after this, than to decide on the different nature of the ulcers,

1°. With relation to the *place* where they are ſeated; which may be eaſily enough diſcovered, particularly when the *uterus* is tumefied, by the touch only: by putting the hand on the *uterus:* by the knowledge

of the places to which the patient refers the pain; ſuch as the loins, or *os ſacrum*, the hips, the groins, or the inner parts of the thighs: but more certainly yet, by the introduction of the finger into the *vagina*, when the ulcer is at the orifice of the *uterus*, or the bottom of the *vagina*.

2°. With relation to the nature of the ulcer, it is known to be *phlegmonic*, when the *uterus* is very hot, and painful; the fever very great; and the *pus* thick: *œdematous*, when the heat and the pain of the *uterus* are leſs; the fever moderate; and the *pus* ſerous: or *ſchirrous*, when the *uterus* is almoſt void of feeling, and appears hard and reſiſting, either when handled on the outſide, upon the hypogaſtric region; or when touched within, through the *vagina*.

3°. With relation to the communication of the ulcer with the neighbouring parts. It is judged to communicate with the bladder, or the *rectum*, when the *pus* eſcapes with the urine or the excrement; or when the urine and excrement come out by the *vagina* wholly, or in part.

§. VI. PROGNOSTIC.

I. An ulcer of the *uterus* is a diſeaſe always attended with danger. 1°. In that it is ſeated in an internal part, to which it is difficult to convey the medicaments neceſſary to deterge and cicatrize it. 2°. In that the part, where it is ſeated, is nervous, and ſenſible; which cauſes very great pains, and brings on many bad accidents. 3°. In that it is almoſt always promoted by the bad quality of the blood, which is depoſited on the ulcerated part.

II. Such an ulcer is, at the ſame time, a very humbling diſeaſe to women, in that it expoſes them to very diſagreeable means of cure. It may, therefore, be regarded, when it happens to thoſe who have merited it by their faulty conduct, as the puniſhment of their proſtitution: but the virtuous women, who are afflicted with it, are only to be much pitied.

III. To make a certain prognoſtic on the ulcers of the *uterus*, it is requiſite to diſtinguiſh thoſe, which come

come in conſequence of an abſceſs that is opened, and which of courſe is formed ſuddenly, from thoſe which are produced paſſively, and inſenſibly, by the eroſion or the diviſion of the internal ſurface of the *uterus*.

IV. An ulcer, that comes from an abſceſs, pours out a large quantity of *pus* at firſt; and cauſes a great alarm; but being once emptied, when there is no antecedent cauſes to ſupport it, the diſcharge of *pus* diminiſhes conſiderably; and all the accidents ſubſide gradually.

V. When the quantity of *pus* decreaſes every day; when the *pus* diſcharged is white, thick, and uniform; and not fetid, nor corroſive: when the patient does not perceive any more pain in the *uterus*, or but very little: when the *uterus* is ſupple, and there does not remain any more tumefaction, or reſiſtance: when there is no fever, or ſuch only as is ſlight, and declining from day to day: and when the patient ceaſes to grow lean, or even begins again to be plump: there is room to entertain hopes; particularly when all theſe ſigns concur at the ſame time. But, on the contary, there is all the reaſon that can be to fear fatal conſequences, in the oppoſite caſes.

VI. In general, the ulcers of this kind terminate well, when they happen to a woman in other reſpects healthful; and of whom the blood is not depraved: when the *uterus* is in a good ſtate; not ſchirrous, obſtructed, nor relaxed, but preſerves its natural elaſticity: when the inflammation, and the abſceſs, that gave riſe to it, proceeded from a cauſe purely accidental; which does not ſuppoſe any antecedent fault, either in the *uterus*, or the blood; and when the ulcers themſelves are ſmall; and conſequently ſoon dried up. But it is intirely the contrary, in the oppoſite caſes.

VII. With regard to the ulcers of the *uterus*, which come from eroſion or diviſion, and which are formed inſenſibly and gradually; it is neceſſary, in order to make a certain prognoſtic on them, to diſtinguiſh them into *imminent* ulcers, which have not yet begun: *incipient* ulcers, where the eroſion, or diviſion of the *uterus* begins to throw out ſome purulent *ſerum*: and

confirmed

confirmed ulcers, when the eroſion, or diviſion, ſuppurate copiouſly; and there is already a material loſs of ſubſtance.

VIII. The ulcers of the *uterus*, only imminent, may be prevented, by employing the proper remedies quickly; and continuing them a long time, to be ſecure againſt the danger. The earlier they are taken; the more the patient is of a good habit; and ſubmits with a ſtrict conformity, to the means of cure that are adviſed; and the greater reaſon there will be to hope for good ſucceſs.

IX. When the ulcer is actually formed, and the humour, which runs from it, becomes purulent, the prognoſtic is very uncertain. The patients are ſometimes cured, when they are of a very good habit, the diſeaſe yet ſlight, and none of the means propoſed for the cure neglected. But it happens more frequently, the patients are loſt by the bad ſtate of the *uterus*; the depraved quality of the blood; the uneaſineſs to which they abandon themſelves; and their want of due conformity.

X. A *confirmed* ulcer muſt be regarded as mortal. There are, it is true, accounts of ſome that have been cured: but they are too few to form any principle, and weaken the juſtneſs of the prognoſtic we have above eſtabliſhed.

XI. To what we have ſaid, may be added, the following reflections: which furniſh ſome differences in the particular prognoſtic of theſe ulcers.

1°. An ulcer in the *uterus* is, all other things being equal, more dangerous than one in the *vagina:* and one in the orifice of the *uterus*, than one in its ſubſtance.

2°. In the ſame manner the phlegmonic ulcers, of which the edges are inflamed; the ſchirrous ulcers; and the carcinomatous ulcers; always are regarded as mortal.

3°. There is even reaſon to deſpair of thoſe ulcers of the *uterus*, which, by exeding the intermediate ſubſtance, make their way into the bladder, or the *rectum*.

XII. It

XII. It is important to obſerve, that the ulcers of the *uterus*, which depend on a venereal cauſe, are often perfectly cured by the uſe of mercurial friction: which is the ſpecific remedy of the venereal diſeaſe. But, in order to hope for this ſucceſs with ſome confidence, it is requiſite that the venereal contagion be the only cauſe of the diſorder; the ulcer recent, and not very deep, without calloſity, cancerous diſpoſition, or having affected the neighbouring parts.

XIII. In general may be conſidered; 1°. All the ulcers of the *uterus*, which are fiſtulous, corroſive, and phagedenic; furniſh *pus* that is acrid, fetid, and copious; and cauſe violent pains.

2°. All thoſe of long ſtanding, that are joined to a ſlow fever, *maraſmus*, and the tumefaction of the extremities; to nocturnal ſweats; or to a colliquative flux of the belly.

3°. All thoſe which are already carcinomatous, or on the point of becoming ſo: which is foreſhewn by the ſhooting pain the patient feels in the part.

XIV. It is known by experience, that ulcers in the *uterus* are more rapid in their progreſs, more painful, and generally more dangerous, in women who have yet their *menſes*, than with thoſe in whom they have ceaſed. In the firſt, there is produced, every month, a tumefaction of the veſſels in the *uterus*, that augments the *phlogoſis* in the edges of the ulcer; which cauſes there a more acute pain; and a more copious and acrid ſuppuration: whereas the women, who have no *menſes*, are exempt from theſe accidents; and, for this reaſon, the ulcers of the *uterus* are, in their caſe, more ſupportable, and generally leſs rapid in their progreſs.

Method of cure.

In practice, only three kinds of ulcers of the *uterus* are known, the *ſimple* ulcer, the *venereal*, and the *carcinomatous*. We ſhall ſpeak here only of the two firſt kinds; and reſume afterwards, what concerns the carcinomatous ulcer, in the *Chapter on cancers of the* uterus.

The

The method of cure of the two kinds of ulcers, of which we have juſt ſpoken, includes many different caſes, that will be treated of in as many articles. It will be, 1°. ſhewn what conduct ought to be directed, and what remedies generally to be employed in all theſe kinds of ulcers. 2°. What treatment is particularly proper in the *imminent* ulcers, prognoſticated by the conſtant, or frequent pain, in one place of the *uterus*, attended with an irregular diſcharge of blood, and the *fluor albus*. 3°. What is the moſt ſafe and efficacious method of treating the *confirmed* ulcers of the *uterus*, when they are *ſimple*. 4°. How the *ulcers* ought to be treated when they are *venereal*, or attended with ſtrong ground of reaſon for their being ſuppoſed ſo. 5°. What is the palliative cure, that ought to be attempted, when there is no room to hope for an abſolute cure. 6°. What the particular remedies are, that authors propoſe for the cure of the ulcer of the *uterus*.

Of the conduct to be obſerved, and the general remedies employed in all kinds of ulcers of the uterus.

In all kinds of ulcers, two general intentions muſt be propoſed: the one to prevent every thing that may augment repletion, or pain, in an ulcerated part; and conduce to the increaſe of the diſeaſe: the other to correct the bad quality of the blood, which has produced, or, at leaſt, continues the ulcer.

I. To fulfil the firſt of theſe intentions, it is neceſſary, 1°. to charge the patient to abſtain from all kinds of exerciſe; and to keep conſtantly laid down on a long ſeat. The leaſt motion in preſſing, or in moving about the *uterus*, bruiſes it; and augments the repletion; as the increaſe of pain, and the diſcharge will convince the patients.

2°. If the belly be not naturally open, which will ſcarcely happen while the patient keeps laid down, it is proper to adminiſter, every day, a glyſter or two of warm

warm water, to facilitate the ſtools; and to prevent efforts that would do violence to the *uterus*.

3°. It is for the ſame reaſon fit, in the caſe of a married woman, that ſhe ſhould lie ſeparately from her huſband; and I am perſuaded, that the women who might reject this advice, would reject it but once, however indifferent they may be with reſpect to the care of their health.

4°. It is neceſſary to obſerve a temperate and regular regimen: *temperate*; to avoid making too much blood, which would only have a tendency to tumefy the veſſels of the *uterus* more and more: *regular*; in taking ſuch food only as is eaſy of digeſtion, ſweet, free from all acrimony, and affording good juices, which can produce nothing but a well-conditioned chyle, proper to ſweeten the blood. On theſe principles, it is requiſite, that ſuch patients feed on ſoop, boiled rice, vermicelli, the fineſt kind of wheaten flour, pearl barley, lentil pottage, all dreſſed with fat; that they eat but little fleſh, and that only of young fowls, or rabbets: that they drink no wine nor coffee; and that, above all, they avoid moſt ſtrictly, ſalt, ſpice, the lean of meat, and ragouts.

5°. They ſhould, for the ſame reaſon, guard againſt all the paſſions of the mind that may agitate it; as grief, uneaſineſs, and anger; and not expoſe themſelves to too much buſineſs, which heats the blood, and accelerates the motion of it.

II. It is proper to add, to this regimen, from whence no deviation ſhould be made, the uſe of medicines proper to diminiſh the quantity, or correct the acrimony of the blood. For this reaſon, 1°. bleedings in ſmall quantity, in the arm, ſhould be uſed; not only to evacuate, by that means, a part of the vicious humours; but principally to empty the veſſels of the *uterus*. Wherefore, this ſhould be more or leſs frequently done, as the pains of the *uterus* are more or leſs acute; the repletion more or leſs great; and the diſcharge more or leſs conſiderable.

2°. The

2. The patients ſhould alſo, from time to time, be purged, not only to take away the bad ferment which may be formed in the ſtomach; but more particularly, to evacuate a part of the humours which are in the blood. Gentle purgatives only ſhould, however, be employed: ſuch as manna, *caſſia*, *ſal de duobus*, and rhubarb; to which muſt, nevertheleſs, be added a little ſena, if the habit of the patient require it.

3°. An ablution of the blood of the patient ſhould be made, from time to time, with diluting and cooling medicines: as whey alone, or mixt with ſome juice of ſweetning plants; apozems, and broths, made with ſweetning and corrective plants; as ſuccory, borrage, lettuce, &c: or what will be more efficacious, if the ſeaſon admit of it, the uſe of cold mineral waters. Thoſe of Forges are very uſeful, if they be taken from the ſpring: but they are too weak to be carried to any diſtance. The waters of Selter, Spa, or Caranſac, lowering them with common water, if they be too ſtrong, may be ſubſtituted for them.

4°. In the ſame view may be employed, baths, or half baths, ſlightly warm, to moderate the heat of the *uterus*. It is always a beneficial remedy: and great uſe ſhould be made of it, when the ſeaſon is proper; at leaſt, if the copiouſneſs of the diſcharge do not give any obſtacle to it.

5°. When an ablution of the blood has been thus made, means muſt be employed to ſweeten it, by the uſe of goats or aſſes milk; preferring that which can be beſt digeſted. The patient ſhould, however, be purged, before ſhe go into this courſe of milk; which ſhould be either taken once a day, that is, in the morning: or twice, that is, in the morning and evening. It ſhould, moreover, be given her alone, or with two ounces of the weaker lime water; or the depurated juice of fumitory, or agrimony.

6°. If the ſtomach appear in a ſtate to bear it, the patient ſhould drink cows milk, lowered with a third of a ſlight decoction of China root, which ſhe ſhould drink once or twice a day, accordingly as it agrees with her:

her: or if her ſtomach will digeſt it, ſhe ſhould take it as the whole of her food, with the common precautions.

7°. I ſhould even adviſe the patient, to make an opening, by a cauſtic, in one of her legs; and to procure, by that means, a vent to the vicious humours of the blood. I believe, this remedy is not of great efficacy: but it is not, however, without ſome uſe; and that is a ſufficient reaſon for employing it in a diſeaſe of ſo great conſequence, as an ulcer of the *uterus*; in which the medicinal art has ſo few reſources.

Of the treatment proper in imminent ulcers, foreſhewn by frequent and continual pains in the uterus, *irregular floodings, and the* fluor albus.

This ſtate regards only thoſe ulcers, which are formed without ſenſible appearances, by eroſion or dilaceration. When patients conſult a phyſician, who diſcovers it early, there may be hopes of preſerving them from this diſorder, that is almoſt always fatal, provided they will ſtrictly conform, for two months at leaſt, to the advice given them.

1°. They ought to obſerve an exact regimen, as well with reſpect to quantity, as quality of diet: as has been ſaid in the preceding article.

2°. The ſtrict conformity required muſt extend, in the ſame manner, to their conduct with regard to the paſſions of the mind, buſineſs, daily uſe of glyſters, and more particularly, the ſtate of quiet in which they ought to remain, and the poſition in which they ought to keep themſelves. For they ſhould not only be on a bed, or long ſeat; but continue laid down, or half laid down; that they may not compreſs the *uterus:* as they would do, if they ſat up.

3°. All commerce with men ſhould be prohibited; and for a long time.

4°. They ſhould often uſe the half bath warm, in the morning faſting, or in the evening, an hour before ſupper: and remain there every time for an hour.

5°. They ſhauld purge, from time to time, with minoratives; as has been already obſerved; and drink aſſes or goats milk, which they find moſt agreeable to their ſtomach. They may take it once or twice a day, according as it proves beneficial to them: or may even ſubſtitute for it, cows milk, which is more common; if the patient digeſt it well: but in that caſe, they muſt dilute it, by adding a third part of the decoction of ground liverwort, or dog-graſs.

6°. It would be very advantageous, if the patient would take milk for her whole food; either by drinking aſſes milk, twice every day; that is, in the morning and evening; and cows milk at two other times; that is, at dinner or ſupper: or by drinking cows milk four times every day. There ſhould conſequently be proper trials made of this; but with circumſpection.

7°. Care muſt be taken, according to the circumſtances, to add to the milk, once or twice a day, one or two ounces of the weak lime water: or two ounces of the depurated juice of creſſes; or of a decoction of ground-liverwort.

8°. If the ſtomach cannot bear any kind of milk, it will become proper to make the patient take, twice every day, a draught of whey, obtained by preſſure, and filtered through paper; or two draughts of broth, made with a chicken, or ſmall piece of veal; four crawfiſh, bruiſed; and the hind parts of ſix frogs. If the ſeaſon admit of it, the patient ſhould drink, for her common liquor, the Forges water; or thoſe of Spa; mixing with the laſt, if it be neceſſary, a little water to weaken it. But if theſe waters cannot be procured, the patient ſhould drink, for her common liquor, a ſlight decoction of rice, or of dog-graſs; in which has been infuſed, as many of the flowers of mullein, as can be taken up at ſeveral times by the finger and thumb.

9°. Recourſe ſhould be often had to bleeding in the arm: which is the moſt efficacious remedy in theſe kinds of caſes. If the pains be acute, and frequent, the

the patient ſhould be bled once, twice, or even three times, to alleviate them. When they are once mitigated, it is ſufficient to repeat the bleeding in the arm, from eight to ten ounces, every month, eight or nine days before the return of the *menſes*.

10°. I have employed with ſucceſs, in this caſe, twelve grains of *caſcarilla*, in powder; either alone, or mixt with twelve grains of martial ſoluble tartar: which was taken half an hour before dinner, in form of a bolus. One of theſe medicines is a proper *tonic*, to reſtore the elaſticity of the *uterus*, relaxed by the repletion: and the other a gentle aperient, capable of removing the repletion by degrees.

Of the method moſt ſafe, and efficacious, in an ulcer of the uterus, confirmed, *but* ſimple.

As ſoon as the ulcer is actually confirmed, it is proper, without neglecting the objects of attention dictated in the preceding article, to think of effecting the three general intentions, which ariſe in the cure of every ulcer; *to wit*, to deterge the ulcer; promote the regeneration of fleſh, when it is deterged; and, afterwards, procure a *cicatrix*, when it is ſufficiently filled with fleſh. Theſe intentions are abſolutely the ſame in an ulcer of the *uterus*, as in one of the *vagina*: and, in both theſe caſes, they are effected nearly by the ſame remedies. But as there is ſome difference in the manner of adminiſtration, it is proper to treat of them ſeparately.

I. To effect the firſt of theſe intentions in the ulcers of the *uterus*, deterſion is to be procured by different means, more or leſs powerful, according as the ulcer appears to be more or leſs fetid.

Several external remedies are employed, which are conjointly uſed with the internal remedies propoſed in the firſt article: as, 1°. apozems, or broths, made with the leaves of agrimony, pimpernel, wild tanſy, lions-foot, bugle, ſanicle, golden-rod, and yarrow: by ſelecting two or three of theſe of theſe plants, which may be beſt approved of.

2°. Decoctions, in form of a ptiſan, made with China root, cut into ſlices; and ſarſaparilla, bruiſed: and even, if it be judged proper, a little guaicum wood, raſped; of which a glaſs or two ſhould be given every day to the patient; provided ſhe be fat, and her humours in a viſcid ſtate; has no fever; and feels only ſlight pains.

3°. Injections into the *uterus*, by means of a proper ſyringe. For this injection, are employed, whey with brown ſugar; the decoction of barley, with honey of roſes; and the decoction of the leaves of mugwort, feverfew, horehound, St. John's wort, ſmallage, &c: or of the roots of birthwort, orris, &c. with honey. But when it is judged, that the ulcer is more foul; which is diſcovered by the ſanious and fetid quality of the *pus* diſcharged; there is added to theſe injections, a little of the *lixivium* of wine ſtalks: or, what is better, ſome drops of tincture of myrrh; or a little *unguentum Ægytiacum*, or Lanfranc's *collyrium*; at firſt in a ſmall quantity, but increaſed afterwards, if it be found proper.

4°. As it is of conſequence, that theſe injections ſhould enter into the *uterus*, where the ulcer has its ſeat, it is proper they ſhould be made by a profeſſor of midwifery, capable of introducing, ſkilfully, the end of the *canula* into the orifice of the *uterus*; and the doing this ſhould neither be truſted to the patient, nor to any other woman, until they have been ſhewn the right manner of performing it.

5°. The patient is made to receive, by means of a perforated chair, the vapour which riſes from a ſtrong decoction of the ſame plants. But this remedy cannot be of any uſe; at leaſt unleſs the vapour be conveyed into the wound itſelf, by the help of a funnel of ſilver or tin, well beaten; of which, the ſmall end ſhould be round, pierced with ſeveral holes, and long enough to reach even into the orifice of the *uterus*.

6°. It is eaſy to judge, that this decoction ſhould not be very hot: that the vapour which riſes, and which ſhould penetrate into the cavity of the *uterus*, may

may be only warm: of which great care ſhould be taken: as alſo not to make the injections propoſed in the preceding article, more than warm.

II. When the *uterus* is ſupple; and has only a ſmall degree of tenſion that is not very painful: and the *pus* diſcharged from it is not copious, but of a good quality: there ſhould only be employed remedies ſlightly deterſive, and which keep the bottom of the ulcer clean, while the reſolution of the edges, and the regeneration of the fleſh, are going forwards: and, by this means, the ſecond intention is completed.

Such are, 1°. injections with the decoction of barley, or leaves of mugwort; or of the leſſer centory, with a little honey.

2°. Injections with mineral waters; that are ſulphureous; as thoſe of Barrege, Aix-la-Chapelle, and Aix in Savoy.

3°. The fumes or vapours of theſe decoctions, or waters, received by the means of a funnel, with the precautions above noted.

4°. Balſams; as thoſe of Capivi, Canada,, or Mecca, taken by the mouth, in the doſe of four or five drops of one of the three, rolled in powdered ſugar; or ſurrounded with ſyrup of capillair. In default of theſe balſams, even turpentine may be uſed, in the doſe of fifteen or twenty drops, in the yolk of an egg.

III. When there is ſo much ſucceſs, as to have the accidents ceaſe, and the running of *pus* diminiſh gradually: or, at leaſt, when that, which is diſcharged, is ſcarcely more than lymphous, it is time to deſiccate the ulcer gradually, in order to cicatrize, and to effect by that means, the third intention.

To this end, 1°. ſhould be continued the uſe of the balſams before propoſed, to which ſhould be added, Gordon's troches, dragons blood, myrrh, maſtick, *ſal ſedativus* of Homberg, tacamahac powdered, &c. Two or three of theſe medicaments ſhould be ſelected, in the proportion of eight grains of each; and made into a little pill for one doſe.

2°. There ſhould be continued, in the ſame manner, injections with the mineral ſulphureous waters; to which may be added, ſome ſpoonfuls of the weak lime water; or of decoction of dragons blood, or *terra Japonica.*

3°. In the place of theſe waters may be ſubſtituted the decoction of the roots of comfrey, or of biſtort; and of the leaves of plantain, ſhepherds purſe, wild tanſy, mouſe-ear, ſelf-heal, &c: adding to them in the ſame manner, as to the mineral waters, ſome lime water, or decoction of dragons blood, or *terra Japonica.*

4°. By the ſame means, of a funnel, are applied, the fumes of the following troches, which are put on a burning coal, in a chafing-diſh, under a perforated chair. They are made with myrrh, maſtich, gum tacamahac, *labdanum*, and frankincenſe, the whole powdered, mixt in equal parts, and incorporated, by means of ſome drops of turpentine, or balſam. There muſt be great care taken, that theſe fumes, which are very hot, when they riſe, reach the *uterus* only in a ſmall proportion. On this account they ſhould put very little of the troches on the fire; or have very little of the fire itſelf; and keep the chafing-diſh at a ſufficiently great diſtance from the funnel.

5°. The patient is every day made to take one or two glaſſes of a decoction of China root, and wood of the maſtich tree, raſped; which has been made by boiling, in the proportion of one ounce of each to four pints and a half of water, reduced to two quarts.

6°. However tedious this treatment may appear to be, the patient muſt obſerve, as much as ſhe can, all that has been directed in *Article* I; and even continue it a long time after ſhe is cured.

In the ulcers of the *vagina*, whatever part of it may be their ſeat, whether at the bottom, or nearer the orifice, it is proper to obſerve much the ſame conduct: to diſtinguiſh the three periods, of the deterging the ulcer; regenerating the fleſh; and cicatrizing

trizing the ulcer; and to employ, for that purpoſe, the ſame remedies.

1°. The injections are the ſame for each of theſe three periods: but as the conveying them into the *vagina* is ſufficient, every body is capable of performing them. There is nothing more requiſite, but to obſerve to make the patient lie down on her back, with her head ſunk, and her breech raiſed, in order that the injection may be retained ſome time: which method ſhould be perſued likewiſe in the injections that are made into the *uterus*.

2°. The ſame fumigations, alſo, are employed, and the funnel is uſed, in the ſame manner, to introduce them. But here they may be rightly performed without trouble; becauſe they require only to be introduced into the *vagina*.

3°. But, beſides theſe means, there may be employed, in the ulcers of the *vagina*, a kind of half baths; where the breech is immerſed; and the patient is made to ſit: which occaſioned the calling them *inſeſſus*, in Latin. Some of the decoctions propoſed before are made uſe of, according to the ſtate of the ulcer, for theſe half baths: and they are attended with ſucceſs, when the diſorder is only in the *vagina*: becauſe, by means of a piece of linnen, the decoction may be conveyed even to the bottom, and effectually deterge the ulcer.

4°. But what is ſtill more important, the ulcers of the *vagina* may even be dreſſed as external ulcers. Pledgets, charged with digeſtives, either ſimple, or acuated with a little tincture of myrrh, according to the ſtate of the diſeaſe, may be conveyed there in the beginning: others, charged with the balſam of Arcæus, either intirely unmixt, or with digeſtives, may be uſed afterwards; and others, applied dry, or dipt in the weak lime water, and ſprinkled with turpentine in powder, may be employed at laſt. But it is requiſite to obſerve, to tye a thread to every pledget, in order to draw it out again, when it is proper to renew the dreſſing.

Of the manner of treating venereal ulcers of the uterus.

When it is known, that an ulcer depends on the venereal contagion, it is proper to endeavour, without loſs of time, to deſtroy effectually the *virus*, which is the cauſe of the origin, and continuance of the diſorder. It is not undertaken here to give the particulars of this treatment; the books compoſed on the ſubject, may be conſulted for that end. It is ſufficient to add ſome reflections, which regard the particular caſe in queſtion.

I. The patient ſhould be prepared by bleeding in the arm, in a quantity proportioned to the ſtate of her ſtrength, and pulſe: and ſhe ſhould be purged gently, with the cathartics enumerated in the firſt article.

II. The uſe of warm baths ſhould be afterwards recurred to, once or twice a day, for ten or twelve days: and there ſhould be given to her, in the morning bathing, at the coming out of the bath, either ſome clarified whey; or ſome broth made of veal, or chicken, with cooling herbs.

III. As the diſeaſe urges; and it becomes momentous to ſtop its progreſs; mercurial frictions are employed, even during the uſe of the baths: which affords the means of continuing them longer.

IV. It is known by experience, that mercury accelerates the circulation of the blood, and increaſes its weight; and that, by one or other of theſe means, it does harm generally in internal ulcers, when they are ſeated in delicate parts. This is often found in venereal patients, who are phthiſical, and have become ſo only from the effects of that contagion. Though there is good reaſons to adminiſter frictions in ſuch caſes, and ſeveral have been cured by them; it is known by experience, that the mercury has at firſt ſome effect on the breaſt, even in thoſe who find afterwards the greateſt advantage from it. This reflection ſhould furniſh

furniſh a rule for the treatment of the venereal ulcers of the *uterus:* and be an inducement not to haſten the frictions, particularly in the beginning.

V. On this account, two or three days interval ſhould be left from one friction to the other: every friction ſhould be only with one dram of unction, made of equal parts of mercury, killed, and ſweet lard; and even of this dram, a ſmall portion muſt be reſerved, in order to make a friction in the inſide of the *vagina.* The frictions may, however, in the ſequel, according to the effect the mercury produces, be repeated more frequently: and the quantity of them even increaſed: but this muſt always be done with much circumſpection.

VI. In order to be able to have any dependance on the efficacy of the frictions, ſix ounces of mercurial unguent muſt be employed in them; and that without intermiſſion, or intermediate purging. It may be concluded from thence, that this treatment muſt be continued four or five months.

VII. During all this time, the diet ſhould be the ſame as it commonly is, in the uſe of this remedy: ſuppoſing the patient cannot be confined to milk as her only food, which would, however, be the beſt. The remedies that have been propoſed in the preceding article, ſhould, nevertheleſs, be employed, to deterge, and to incarn the ulcer: and they ſhould be continued, in the ſame manner, after the friction, ſo long as may be judged neceſſary.

Of the palliative cure of ulcers of the uterus, *that are incurable.*

In this caſe, there is no object of care, but to mitigate the acute pains, and bad accidents, to which the patients are ſubject; and to render as ſupportable as it can be made, the remainder of time the violence of the diſeaſe will ſuffer them to live.

1°. In this view, the principal intention is to alleviate and mitigate the pains cauſed by the ulcer. To which

end it is proper to bleed repeatedly, in ſmall quantities, in the arm: which, by emptying the veſſels of the *uterus*, diminiſhes the *phlogoſis*, and ſenſibility of it.

2°. It is proper, at the ſame time, to forbid the patients abſolutely from eating fleſh, and to confine them to milk, as their ſole food; or, at leaſt, to ſuffer them only to eat broth, or farinaceous aliment, made with a ſlight boiling, and without ſalt.

3°. If their pains be very ſtrong, moderate doſes of narcotics ſhould be given them, from four hours to four hours: ſuch as half a grain of *laudanum*, diſſolved in warm water; or twelve or fifteen drops of anodyne tincture: taking care to increaſe or diminiſh theſe doſes, according to the degree of the pain, or the effect of the medicine.

4°. Injections ſhould be made into the *uterus*, with the juices of plantain, purſlain, or houſeleek, in the quantity of one ounce and a half, or two ounces, of each; or a little ſtarch, which is very pure, and without mixture of lime, may be diluted for this purpoſe. In the ſame view may be employed, the juice of nightſhade, *ſolanum morella dictum*, in the doſe of three or four ounces; after having beaten it a long time in a leaden mortar, with a peſtle of the ſame metal.

5°. To theſe injections may be added, the ſyrup of white poppies, *laudanum* diſſolved in water, or the anodyne tincture; regulating the quantity of theſe remedies, by that which has been already directed to be given by the mouth.

6°. Half baths, with the decoctions of the ſame herbs, may, moreover, be tried; the patient being exhorted to make them enter by means of a ſponge, as far as ſhe can. But theſe remedies will be more amply expatiated on in the chapter of *cancers*.

7°. Very bad piles frequently come on, particularly in deſperate ulcers. To ſtop them, it is proper to bleed the patient in the arm; and to make her take, by the mouth, a ptiſan made with the decoction of the roots

roots of comfrey; to every pint of which is added fifty-five, or fifty-ſeven, drops of the water of Rabel *adgratam aciditatem:* and in which is diluted, one ounce of ſyrup of plantain, or of capillair. If the diſeaſe urge, a whole quart may be given, in the day, at three or four times taking; but if the diſeaſe be leſs prevalent, the contents of a pint, or even leſs, may ſuffice to be taken each day.

8°. If the copiouſneſs, or the continuance of the loſs of blood, bring the patient into a ſtate of danger, there ſhould be no heſitation made to throw injections into the *uterus*, formed with the ſame ptiſan, after having gently warmed it: obſerving to ſet the patient in a proper poſture, that the injection may remain ſome time in her body.

Of ſome particular remedies propoſed for the cure of ulcers of the uterus.

Ulcers of the *uterus* are a diſorder, of which the conſequences are too well underſtood; and the treatment too well known; to have furniſhed many opportunities for perſons to flatter themſelves with the ſucceſs of having cured them by extraordinary methods. I know, on the whole, only of three remedies, which are the following, that merit any attention.

I. Felix Platerus [1], of Baſil, ſays, that the juice of nettles, mixt with the urine of a child, cures, in a ſurprizing manner, the ulcers in the *uterus. Succus urticæ, cum urinâ pueri mixtus, mirificè abluenda injectus ulcera uteri ſanat.* I doubt much the account given by this phyſician: but I believe it may be tried without any danger.

II. Belloſte [2], a ſurgeon of reputation, propoſes, as an experienced remedy in all ulcers, the decoction of the leaves of the wallnut-tree, with a little ſugar; in which a piece of linnen is dipt, and applied to the part. By parity of reaſon, the ſame decoction may be

[1] Praxeos, lib. xxx. cap. 14. Tom. II. pag. 575.
[2] Page 26 of his Surgery.

employed,

employed, as an injection in ulcers of the *uterus:* and I believe that no risk will be run in the experiment. The distilled water of three of the nuts may be even given internally: at least, there is nothing to fear from it, unless the diuretic virtue may do harm: as it is known, these patients commonly suffer when they are obliged to make water often.

III. John Liebant, doctor of physick, in the faculty of Paris, composed in Latin, in the fourteenth century, a Treatise *on the diseases of women*, taken from the Italian of John Marinello, a physician, at Formia, on the same subject: where [1] he advised, to add to the fumigations, and injections, which are used in the ulcers of the *uterus*, yellow or citron-coloured orpiment, and corrosive sublimate: in which he has been faithfully followed by Lazarus Pé [2], who has translated the same work of Marinello into French. But, in spite of the authority of these physicians, I hold this practice to be dangerous; and I do not advise any injection, into the *uterus*, of orpiment, which in fact is a true arsenic; although more gentle, than the common kind; and still less of corrosive sublimate.

CHAP. V.

Of the schirrus *of the* uterus.

§. I. Description and Differences.

THE *schirrus* of the *uterus* is a kind of tumour, which has four essential characteristics: it is hard and resisting: insensible, even when touched: gradually formed, by the way of *congestion:* and, moreover, does not change the natural colour of the part. The three first characteristics, are very per-

[1] *De la santé, fecondité & Maladies des Femmes*, chap. 19. & 20.

[2] *Traité des Maladies des Femmes & Remedes d'icelles*, liv. ii. chap. 19. & 20.

ceptible,

ceptible, even in the tumours of this kind, which happen in the *uterus*. But the fourth is not to be diſtinguiſhed, in the ſame manner, in tumours that are hidden from the ſight; though analogy indicates it ſufficiently: and the opening of women, who have died of this diſeaſe, demonſtrates it. It has been ſhewn, in the Treatiſe on *tumours and ulcers*, that *ſchirruſſes* are common to all the parts of the body; particularly the glandular parts; and it is eaſy to judge from thence, that the *uterus* muſt be peculiarly ſubject to them; which obſervation confirms.

The *ſchirrus* extends ſometimes over the whole volume of the *uterus*, and is then called *univerſal* or *total:* but it is more frequently confined only to one place, and then bears the name of *partial*. The parts where it may be ſituated vary much. They may ſometimes be the *fundus*, or the orifice; ſometimes the right, or the left ſides; and ſometimes the anterior, or the poſterior parts. But theſe differences do not merit any attention: becauſe they do not imply any difference in the nature of the *ſchirrus*. The *ſchirruſſes* of the *vagina*, or *vulva*, or of one of the lips, are thoſe only which ſhould be diſtinguiſhed, not with relation to their cauſes, as they are in fact the ſame, but to the method of cure: becauſe their ſituation affords the means of applying topics, to them, which cannot be done in the *ſchirruſſes* of the *uterus*.

A more important difference reſults from the degree of indolence, and reſiſtance. When the *ſchirrus* is very hard, and reſiſt, and at the ſame time inſenſible, even when preſt, it bears the name of *perfect ſchirrus*; or, as has been ſaid before, of *legitimate* or *complete ſchirrus*. They are called, on the contrary, *imperfect illegitimate*, or *incipient ſchirruſſes*, when the reſiſtance is not perfect: and they preſerve ſome feeling, at leaſt when preſſed.

The *ſchirrus* is often attended, at its borders, with *œdema*, or inflammation: and then it bears the name of *œdematous ſchirrus*; or *phlegmonic ſchirrus:* whereas it is called *ſimple*, when it has only the characteriſtics of

of a *ſchirrus* without *œdema*, or inflammation. In the *uterus*, the volume of the *ſchirrus* is eaſily diſtinguiſhed, when its place is on the body, *fundus*, or ſides of the *uterus:* and then it is ſaid to be *circumſcribed.* But the extent is not to be diſtinguiſhed in the ſame manner, when it is on the neck of the *uterus:* becauſe, one part of the tumour is then hidden under the *os pubis:* and in ſuch caſe is ſaid to be not *circumſcribed.*

Moreover, the legitimate or perfect *ſchirrus*, and even ſometimes the illegitimate or imperfect, tumefy, and are painful, and ſubject to ſhootings more or leſs frequently. Theſe *ſchirruſſes* become then *carcinomatous*; and degenerate into cancers: as will be ſhewn below in the chapter *on cancers.*

§. II. CAUSES.

The *ſchirrus* of the *uterus* cannot be produced, but by ſome of the humours that circulate in the part, or are ſeparated there, when they are obſtructed, accumulate, and grow thick, ſo as to produce a hard and reſiſting tumour. But there are only two humours, that circulate in the *uterus*, the blood, and the lymph: and the milky humour, which has been ſpoken of in the preceding book, is the only one, that is ſeparated in particular veſſels for the uſes, which have been explained in the ſame book. The production of the *ſchirrus* of the *uterus* muſt therefore be attributed, either to the collection of blood; or to that of the milky humour which thickens there. But it is apparent, that it cannot be attributed to the collection of blood; 1°. becauſe ſuch collection is always attended with heat, and there is none in *ſchirruſſes*; 2°. becauſe this collection is never made without a ſenſible augmentation of the red colour of the part; and in the *ſchirrus* the part preſerves its natural colour: 3°. becauſe the collection of blood is made ſuddenly, and by the way of fluction; whereas the *ſchirrus* is formed gradually, and by the way of *congeſtion.* Therefore, every thing being duly conſidered, the *ſchirrus* of the *uterus* can only ariſe from the

the collection of lymph, that ſtagnates and thickens in its own veſſels; which kind ought to be called *lymphatic:* or, from the collection of the milky humour, or uterine milk, which is detained in its own veſſels; and being accumulated there, grows thick; which ought to be called *milky:* or, in ſhort, the collection and thickning of both lymph and uterine milk; which ought to bear the name of *lymphatico-milky:* and is that kind of *ſchirrus* of the *uterus* that is moſt common.

Theſe principles laid down, nothing more is wanting to explain the *ſchirrus* of the *uterus*, than to examine the cauſes which may produce it there; or which may occaſion this collection of lymph or uterine milk. But theſe cauſes are of two kinds; ſome general and *efficient*; which, by thickning theſe humours in the blood, render them ſubject to be detained in the *uterus.* The others, particular and *occaſional*, which determine theſe thick humours to ſtagnate, particularly in the *uterus*; and to produce a *ſchirrus* there by preference.

The general cauſes capable of producing the thickning of the lymph, and of the uterine milk in the maſs of blood, are all the known cauſes, that thicken the blood itſelf: as the too great quantity of food, which is eaten; or the vicious or groſs nature of that choſen.

Faultineſs of digeſtion, the general conſequence of intemperance, or of bad diet; from whence it proceeds, that the blood receives only an ill prepared chyle, which thickens it.

The uneaſy paſſions of the mind, with which the patient is ſtrongly affected for a long time; that weaken the circulation of the blood, and conſequently thickens it.

Finally, the vicious ferments with which the blood is infected: ſuch as venereal, ſcorbutic, or ſcrophulous ferments.

But theſe cauſes do not produce any *ſchirrus* in the *uterus*, unleſs there be occaſional, or local cauſes, which deter-

determine the lymph or the uterine milk to ſtagnate there in particular. There may be reckoned in the number of theſe cauſes,

1°. The inſpiſſation, which happens to the lymph, and to the uterine milk in the *uterus*, when the patient has had commerce with a man injured by ſome venereal contagion.

2°. The uſe of injections too cold, or aſtringent, that have been imprudently employed to mitigate the pains of ſome inflammation; or to ſtrengthen the elaſticity of the *uterus*, and render complete the reſolution of ſome inflammation.

3°. The ſudden contraction that exterior cold cauſes in the *uterus*, when the women are ſo imprudent, as to dip their feet in cold water, during the time of their *menſes*, or *lochia*.

4°. The undue tone of the *uterus*, whether it be natural, as in the women of a ſoft and lax formation; or cauſed by blows, or contuſions on the part; frequent miſcarriages, or difficult births, in which the *uterus* has ſuffered great diſtenſions.

5°. Finally, the obſtructions formed of a long time, in the *uterus*; which there impede the circulation of the lymph; and the diſcharge of the uterine milk. Theſe obſtructions are common in women, who have had the *fluor albus* in their youth, are irregular in their *menſes*; have been ſubject to ſuppreſſions of the *menſes*; &c; as we have ſeen in the preceding book.

The concurrence of ſome of theſe different cauſes produce at firſt a ſlight collection, either of lymph or the milky juice, in the *uterus*; which ſcarcely merits any name, except that of repletion: but this repletion increaſes gradually, by the continuance of the ſame cauſes: and in increaſing, becomes more hard, and more reſiſting, from day to day, either by the heat of the part itſelf, which diſſipates the moſt thin portion of the ſtagnated humour: or, by the beating of the neighbouring arteries, which preſſes out the moſt liquid portion. It is thus, that the *ſchirrus* is formed by a progreſſion, inſenſible, or at leaſt very ſlow, till, at

laſt, the tumour, after being long concealed, makes itſelf known by its ſymptoms.

§. III. *Explanation of the differences.*

I. If it happen, that the lymph alone grows thick, and ſtagnates in the lymphatic veſſels, which feed any part of the *uterus*, and there forms a *ſchirrus*, this *ſchirrus* will be *lymphatic*. If, on the contrary, the uterine milk thickens, and ſtagnates alone in the lactiferous veſſels, it gives riſe to a *ſchirrus*, that will be purely *milky:* but if the lymph, and uterine milk, thicken and ſtagnate, at the ſame time, in their canals, the *ſchirrus* that will reſult from theſe, will be *lymphatico-milky:* which is the moſt common caſe.

II. When the lymph, and the milky juice, ſtagnate in the whole extent of the *uterus*, by any accidental cauſe, which acts equally over all its ſubſtance, the *ſchirrus* which proceeds from it, affects the whole body of the *uterus*, and bears the name of *total ſchirrus*. This caſe is rare: but it is atteſted by certain obſervations.

On the contrary, the *ſchirrus* is only *partial*, when it poſſeſſes only one part of the *uterus*; which happens when a particular cauſe affects this place, and detains there the lymph, or the uterine milk. This kind of *ſchirrus* occupies different parts of the *uterus*; the *fundus*, or the neck: the right or left ſides: or the anterior or poſterior parts: according to the ſeat of the original diſorder, that gave riſe to the formation of the *ſchirrus*. Sometimes even the *ſchirrus* of the *vagina*, or that of the *vulva*, or one of its lips, are comprized under the name of *ſchirrus* of the *uterus:* as has been already remarked.

III. If the lymph, or the uterine milk, which form the *ſchirrus*, be very thick, and the *ſchirrus* itſelf be formed ſlowly, the tumour will be hard, reſiſting, and without pain: and the *ſchirrus* conſequently *perfect* or *legitimate:* becauſe theſe humours form a more compact tumour; and this tumour will grow conſtantly harder,

harder, on account of its being a long time exposed to the heat of the part, and the beatings of the neighbouring arteries.

But if, on the contrary, these humours be less thick, and the tumour be formed more quickly, the *schirrus* will be less hard, and retain some sensibility; and will be a bastard and imperfect *schirrus*; as well because these humours, being less thick, form a tumour less compact; as because this tumour is not exposed, for a sufficient length of time, to the action of the heat of the part, or the beatings of the arteries, to occasion the thin and fluid parts it contains, to be dissipated or prest out.

IV. The *schirrus* of the *uterus* does not extend itself beyond the *uterus* itself; and is therefore always circumscribed; whether it be total or partial: but no judgement can be formed of its limits, when it is at the orifice of the *uterus*; because it is concealed under the *os pubis:* at least, unless it be examined on the side of the *vagina*.

V. The *schirrus* of the *uterus*, in proportion as it increases, stretches the blood and lymphatic vessels of the part, or compresses them by its bulk. When these causes are weak, they have scarcely any action, except upon the lymphatic vessels, very susceptible of their effect. In such case the lymph, detained around the *schirrus*, produces there an *œdema*; and the *schirrus* becomes *œdematous*. But when these causes are more powerful, they act even on the blood-vessels around the *schirrus*, and, by detaining the blood, produce there an inflammation; and then the *schirrus* is *phlegmonic*.

VI. The imperfect, or bastard *schirrus*, is sometimes dissipated by the way of resolution: because the matter which forms it, is not entirely hard; and the fibres of the part preserve still enough of their systaltic power, to aid the resolution. But the perfect or legitimate *schirrus* is absolutely irresoluble: as well because the matter is extremely hard, and incapable of being dissolved; as because the fibres of the part have none,

none, or but little ſyſtaltic ſpring, which can preſs this matter; and procure the reſolution of it.

VII. The legitimate, or perfect *ſchirrus*, degenerates often into a *cancer*; for the reaſon that we ſhall ſee below, in the Chapter *on the cancer of the uterus*. The imperfect or baſtard *ſchirrus* is not ſubject to the ſame change. But is ſometimes liable to have a ſuppuration come on; and to produce an abſceſs of a bad nature, which terminates in a ſchirrous ulcer.

§. IV. SYMPTOMS.

I. The perfect *ſchirrus* of the *uterus* is *inſenſible*, and neither changes the colour, nor the heat of the part; for reaſons that are mentioned in the Treatiſe *on tumours and ulcers*, with regard to all *ſchirruſſes* in general. For the ſame reaſons, a *ſchirrus* does not commonly intercept the circulation of blood, or of lymph; and the patients often have them a very long time, without knowing any thing of it.

II. But when the *ſchirrus* attains to a certain magnitude, it gives a weight to the *uterus*, that bears it downwards; which occaſions the patients to have a trouble in ſtanding and walking: and it ſeems to them, when the *ſchirrus* is very large, as if the *uterus* was ready to fall.

III. They alſo find it then troubleſome to lye on either ſide, if the *ſchirrus* be total: becauſe, in this caſe, the *uterus* is dragged down to that ſide, on which they lye: and they have no other eaſy ſituation, than lying on the back.

IV. When, on the contrary, the *ſchirrus* is only partial, they may either lye on the back, or on the ſide where the diſorder is: becauſe, in theſe two poſtures, the *uterus* is not dragged out of its place: but they cannot lye on the oppoſite ſide; becauſe the *uterus* would then be expoſed to a painful ſtretching.

V. Sometimes, in the *ſchirrus* of the *uterus*, the *menſes* keep their uſual period, when there is a ſufficient part of the *uterus*, where the lactiferous veſſels

do not ſuffer any compreſſion; and where, of conſequence, the mechaniſm of menſtruation, ſuch as it is deſcribed in Book I. Chapter II, has free exerciſe of its power. But in the contrary caſes, when all the interior part of the *uterus* intirely ſuffers from the compreſſion, cauſed by the bulk of the *ſchirrus*, the reſult is, that the *menſes* are ſuppreſt; or at leaſt rendered very irregular, as well in the quantity, as in the courſe of their return.

VI. Nevertheleſs, there ſometimes comes on, in this ſtate, floodings, or conſiderable hæmorrhages. It is well known, that all confirmed *ſchirruſſes* are ſurrounded with varicous veins; and it is the rupture of ſome of theſe veins which make theſe floodings or hæmorrhages; that are more or leſs great, or durable, according as the opened veins are ſmaller or larger; and a longer or ſhorter time in cloſing.

VII. Confirmed *ſchirruſſes* of the *uterus* are almoſt always attended with a lymphous *fluor albus:* becauſe the blood and lymphatic veſſels of the *uterus*, compreſt by the greatneſs of the tumour, and conſequently too full, ſuffer the moſt thin part of the lymph to tranſude through their ſubſtance.

VIII. So long as the *ſchirrus* of the *uterus* is moderate; does not diſturb the regularity of the *menſes*; nor bring on the *fluor albus*; the women are in a condition to conceive; go with child till their full time; and be delivered ſafely: and there are many accounts which do not permit us to doubt of this fact. But there are no more conceptions to be expected, when the *ſchirrus* is very large, and has got poſſeſſion of almoſt all the capacity of the *uterus*; nor when the diſcharge of the *fluor albus* is copious: for reaſons that will be ſhewn below in the Chapter *on barrenneſs*.

IX. The *ſchirrus* of the *uterus*, when it has acquired a certain magnitude, preſſes much on the iliac veins, that carry back the blood from the inferior extremeties; as well as the lymphatic veins, that carry back the lymph. Therefore, in general, the difficulty of the return

turn of the blood, and lymph, muſt give riſe to a depoſit of the *ſerum*: which produces a tumefaction, or *œdema*, of the feet, legs, thighs, and even privities.

X. For the ſame reaſon, the *ſchirrus* of the *uterus*, by checking the circulation of blood there, and in the greateſt part of the *viſcera* of the *abdomen*, occaſions an extravaſation of the *ſerum*; which produces a dropſy of the *uterus*, and even of the *abdomen*. It is true, that with regard to this laſt conſequence, the repletion of the ſeveral *viſcera* of the *abdomen*, which concurs often with the *ſchirrus* of the *uterus*, contributes more to it than the *ſchirrus* itſelf.

§. V. DIAGNOSTIC.

I. It would be difficult to diſtinguiſh the *ſchirrus* of the *uterus* in the beginning. The patients themſelves do not feel any diſorder from it; and do not conſequently ſeek any information about it. But there is no room for miſtake, when it becomes larger; and gives uneaſineſs to the patient. Then an examination of the hypogaſtric region, by laying on the hand externally, gives an opportunity of feeling the tumefaction, and reſiſtance of the *ſchirrus*; and of diſcovering its circumſcription; which, joined to the ſenſe of weight, leaves no room to doubt of the exiſtence of the *ſchirrus*. Nevertheleſs it is ſometimes neceſſary, for the more clear diſcovery, to introduce the finger through the *vagina* to the *uterus*, in order to examine the ſtate of it. It is even requiſite, when the *ſchirrus* is ſmall, to puſh the *uterus* up againſt the hand, kept applyed on the *hypogaſtrium*; the better to diſtinguiſh the reſiſtance, and the ſize of the tumour.

II. Although theſe are evident ſigns, it ſometimes happens, that a *ſchirrus* of the *uterus* is confounded with a dropſy, conception, or mole. As it is very important to avoid ſuch miſtakes, it is proper to underſtand well the true criterions of a *ſchirrus*, which may afford the means of diſtinguiſhing it from thoſe ſeveral ſtates. But it is impoſſible to render theſe

criterions very clear, without the nature of the dropſy of the *uterus*, of conception, and of moles, be previouſly well known. For this reaſon, we think, it is proper to poſtpone this diagnoſtic, to thoſe chapters, where we ſhall treat of theſe ſeveral ſtates.

III. It is alſo proper to diſtinguiſh the different kinds of *ſchirrus:* becauſe it has ſome effect on the prognoſtic, that ſhould be made. But that is not difficult.

1°. When, in preſſing the hand, the tumour yields a little to the preſſure, and the patient complains of feeling a pain in the part, the *ſchirrus* is only an *imperfect* or *baſtard* one.

2°. The *ſchirrus* is, on the contrary, *perfect* or *legitimate*, when it is very reſiſting, and abſolutely inſenſible.

3°. In examining the *hypogaſtrium*, and particularly the region of the *uterus*, it is eaſy to diſtinguiſh, whether the *ſchirrus* be *total* or *partial:* and, ſuppoſing it be partial, to judge if it be ſituated in the *fundus*, or the ſides of the *uterus*. As to the *ſchirrus* of the neck of the *uterus*, there is no difficulty in diſtinguiſhing it, by introducing the finger into the *vagina*.

4°. It is to be judged, that the *ſchirrus* is *phlegmonic*, when the patient complains of heat and pain in the *uterus*; and the pulſe is high, and quick. There is reaſon, on the contrary, to conjecture it to be *œdematous*, when there is neither pain nor heat in the *uterus*; nor any appearance of fever: and that there is a copious diſcharge of lymphous *fluor albus*.

5°. With regard to the *ſchirrus* of the *vagina*, and that of the *vulva*, or one of its lips; the diagnoſtic is apparent: becauſe they may be touched, and even ſeen; and it is, by that means, eaſy to diſtinguſh the ſize, reſiſtance, and degree of inſenſibility.

§. VI. PROGNOSTIC.

I. In general, the *ſchirrus* of the *uterus* is a bad diſeaſe, and difficult to be cured. The prognoſtic, which is proper to all *ſchirruſſes*, is particularly proper to *ſchirruſſes* of the *uterus*, where topics cannot be applied;

applied; and where the common remedies have ſo much trouble to reach.

II. The perfect, or legitimate *ſchirrus*, is abſolutely incurable: becauſe it can neither be reſolved, nor brought to ſuppuration: and there are only thoſe two means of cure.

III. The imperfect, or baſtard *ſchirrus*, does not exclude all hopes of cure, particularly when it is incipient: becauſe it may ſometimes be brought to be reſolved; as accounts juſtify: and becauſe it may, at leaſt, be often brought to ſuppuration, and converted into an abſceſs, or an apoſtem. The firſt of theſe ways is very ſalutary, but it is rare. The ſecond is more common; but it leads to a new diſeaſe, almoſt as bad as a *ſchirrus*; and ſometimes even worſe; to wit, an abſceſs, and ſchirrous ulcer of the *uterus*.

IV. The *ſchirruſſes* of the *uterus*, as well as all others, are ſubject to degenerate into a cancer, by the cauſes that will be diſplayed below in the chapter, where this diſeaſe will be ſpoken of. This change is extremely fatal; and much more to be feared in women of a bilious, or an atrabilious habit, than in thoſe of a phlegmatic or ſanguine; in thoſe who abandon themſelves to violent paſſions, than in thoſe, who obſerve a better conduct: in *ſchirruſſes* of long ſtanding, than in recent: in perfect, or legitimate *ſchirruſſes*, than in the imperfect or baſtard: and in *ſchirruſſes* of a very great bulk, than in thoſe of a ſmall magnitude: &c.

V. It is not immaterial, to obſerve, that, all things being equal, a *ſchirrus*, purely milky, is more eaſy to be reſolved, than a lymphatic one: becauſe it is neceſſary, in this laſt caſe, that the lymphatic matter, rendered fluid, run through the windings of a great number of ſmall ſerpentine lymphatic veſſels, in order to be reabſorbed: whereas, in the firſt caſe, the milky matter, as ſoon as it has acquired a ſufficient degree of fluidity, may eaſily eſcape by the orifices of the lactiferous *cellulæ*, which open into the *uterus*.

VI. The ſame judgment may be made on the *ſchirruſſes* of the *vagina*, and the *vulva:* which differ from thoſe of the *uterus*, only in their ſituation.

§. VII. *Method of cure.*

What we have before ſaid on the prognoſtic, may make it be eaſily comprehended, that the *ſchirruſſes* of the *uterus* ought to be treated in two very different manners. Attempts may be made to cure thoſe which are curable: ſuch as thoſe that are recent, and imperfect; thoſe that are of a moderate ſize; and thoſe which happen in women otherwiſe of a good conſtitution, and in health; of a phlegmatic or ſanguine habit; and in whom the *menſes* ſuffer no diſorder, notwithſtanding the *ſchirrus*.

Upon this footing, I. We ſhall explain, firſt the curative treatment, that ſhould be adopted on theſe occaſions. II. We ſhall ſpeak afterwards of the treatment purely palliative, which is proper in the contrary caſes; and to which prudence demands a confinement of the practice, in thoſe *ſchirruſſes* of the *uterus*, which are of long ſtanding, perfect, legitimate, of very great magnitude; and which happen to women, who are cachectic, cacochymic; of a bilious or atrabilious habit; and in whom the *menſes* are ſuppreſt before the time. III. We ſhall add ſome reflections on the manner that is proper to be perſued, when there is the leaſt reaſon to ſuſpect, the *ſchirrus* threatens to degenerate into a cancer. IV. Finally, we ſhall enumerate ſome particular remedies, that are propoſed for the cure of the *ſchirrus* of the *uterus*.

Method of cure.

Whenever there is occaſion to reſolve concreted tumours ſo hard as *ſchirruſſes*, it is firſt requiſite, 1°. To dilute the maſs of humours, and render them more fluid; in order that they may have the power of liquefying the matter, which forms the *ſchirrus*. 2°. To mollify, at the ſame time, and relax the tenſion of the ſchirrous

ſchirrous part; in order to give the greater liberty to the rarefaction of the hard matter. 3°. To liquefy and diſſolve this matter, by the uſe of the moſt efficacious aperitives, and diſſolvents. 4°. Finally, to ſtrengthen the elaſticity of the part; and ſet all its fibres in an oſcillating motion, capable of procuring the extruſion of the liquefied matter, and of promoting the reſolution of it.

To effect theſe four intentions, the following remedies ſhould be employed: as being thoſe, which are moſt approved, and moſt efficacious in this caſe.

I. The blood and the lymph muſt be attenuated and diluted, by the uſe of the following medicines.

1°. Of broths, or apozems, made with the

Roots of wild ſuccory; — eryngo; — reſt harrow; — petty whin; — aſparagus; } from one ounce to an ounce and half.

Leaves of agrimony; — pimpernel; — fumitory; — water creſſes; } a handful, or a handful and half.

In which may be diſſolved, at diſcretion;

Vitriolated tartar; from thirty to thirty-ſix grains.

Arcanum duplicatum; in the quantity of one dram.

Glauber's ſalt; in the ſame quantity.

Terra foliata Tartari; in the quantity of half a dram.

Soluble martial tartar; from one ſcruple to half a dram.

Martial flowers; from twelve to twenty-four grains.

With theſe roots, and leaves, may be made broths, by boiling them with a chicken, or half a pound of veal: or ſimple apozems, by boiling them alone; and adding, to the decoction, ſome proper ſyrup; ſuch as that of the five roots.

2°. Of whey, made of cow's or goat's milk, prepared with preſſure; and filtred through paper: to which is added, at each taking, two or three ounces of the depurated juice

Of chervil; water creſſes; fumitory;

in which may be diſſolved ſome of the aperitive ſalts, that were ſpoken of in the preceding article.

3°. Of aſſes milk even; ſuppoſing the conſtitution of the blood be acrid. It may be drunk at leaſt once every day, care being taken to chuſe an aſs, that has lately foaled; and of which the milk is freſh and ſerous.

4°. Of chalybeate mineral waters: which the patient ſhould drink, if the ſeaſon permit it. Among theſe waters, thoſe ſhould be choſen that are moſt proper, and moſt within the reach of the patient. None, however, ſhould be ſelected, but ſuch as are of moderate ſtrength, that the uſe may be the longer continued.

II. In the mean time, with the view of mollifying the tumour; and relaxing the too great tenſion; the following remedies may be employed, as well internally, as externally.

1°. The diluting apozems, and broths, before propoſed; as well as the other remedies of the preceding article: ſuppoſing they have not been already uſed.

2°. Baths, and half baths, either of pure water; or of the decoction of the emollient plants; ſuch as

The yellow mallow; pellitory of the wall; water lily; *acanthus*; violet; &c.

Theſe baths may be uſed at diſcretion, morning or evening; but not near the time of meals. The patient ſhould ſtay in the bath, at leaſt, a whole hour, every time of bathing; and care ſhould be taken to keep the water but juſt warm.

3°. Cataplaſms, made with the pulp of the root of lilies, and the leaves

Of ſorrel; mallows; yellow mallows;

and other plants, ſpoken of before; boiled under aſhes; adding to the pulp, ſtrained through a ſieve, oil

oil of lilies; or mucilage of the ſeed of *ptyllium.*

4°. Fomentations upon the hypogaſtric region; and injections into the cavity of the *uterus*; with the warm decoction of the ſame plants.

5°. The frequent uſe of glyſters, with the ſame emollient decoctions, and oil of ſweet almonds. It muſt, indeed, be allowed, that baths, half baths, cataplaſms, fomentations, and glyſters, act but weakly on ſchirrous tumours of the *uterus*; but, however, they may act by the contiguity of parts: and that ſuffices as a reaſon, why they ſhould not be neglected.

III. After the uſe of the remedies, we have been ſpeaking of, for a ſufficient time, it may be attempted, to diſſolve the matter of the *ſchirrus.*

1°. By the uſe of opiates, boluſſes, or diſſolvent pills, that are compoſed of preparations of ſteel; as

The aperient ſaffron of Mars, in the quantity of xx grains.

The ſoluble martial tartar, in any quantity from xxx to xxxvi grains.

Martial flowers, in any quantity from xii to xviii grains: and, particularly, the ſaffron of Mars, prepared with water, that ſome call *Martial Æthiops*; and which is one of the moſt gentle aperients; in any quantity from xx to xxv grains.

With mercurials, as,

Common Æthiops mineral, prepared by deflagration.

Æthiops, prepared by beating the crude mercury, with a ſufficient quantity of any balſam; ſuch as dry balſam of Peru; till it ſhall be divided into a dry powder. The quantity of each of theſe two remedies is, from xv to xx grains, for every doſe.

With the diſſolvent, and aperient ſalts: as,

Glauber's ſalt;

The

The *Arcanum duplicatum*;

Terra foliata Tartari; each in any quantity from xxv or xxx grains for every dose.

With the powder of fresh *millepedes*, in any quantity from xv to xxv grains.

With the aperient gums: as

Gum Ammoniac.
Sagapenum.
Labdanum.
Oppoponax.
} In the quantity from VII to VIII grains for each dose.

Opiates, boluses, or pills, are made with three or four of these medicaments, in a moderate quantity, mixt with a little aperitive syrup; such as the syrup of the five roots. This dose of the pills is given, in the morning, fasting; and after it broth, either simple, or medicated with the aperient herbs: as has been already said.

2°. By the application of cataplasms, made with the pulp of the boiled roots

Of white briony, wild cucumber, gladdon, dwarf-elder, &c. boiled under ashes.

These pulps are mixt with the oil of bays, or aniseed; and formed into a cataplasm; that is to be applied on the hypogastric region, in the *schirruses* of the *uterus*; and upon the tumour itself, in the *schirruses* of the *vagina*, or the *vulva*; and are to be renewed, from time to time.

3°. By the application of dissolvent plasters, as of hemlock, tobacco, *Galbanum*, *manus dei*, or *diabotanum*, employed alone; or mixt with the plaster of mucilages, or of melilot; and applied in the same manner on the hypogastric region.

There is a great appearance, that these exterior applications do not produce any considerable effect: but it has been already observed, that in a disease of so great moment, as the *schirrus* of the *uterus*, nothing ought to be neglected.

4°. By employing the dissolvent remedies before advised, several attentions must be had.

The

The firſt of which is, to bleed the patient, from time to time, particularly when the *menſes* are ſuppreſt, or have ceaſed; and it is perceived that the *uterus* is heated.

The ſecond, to order, in the ſame manner, purges, from time to time, to evacuate the humours; and particularly the bile, that the medicines may have diſſolved: at leaſt, unleſs it be more approved of, to join daily ſome purgative to the boluſſes, or the pills, that are given.

The third, to join diluents, and humectants, with the diſſolvents, in order to prevent the *ſchirrus* from being heated; at leaſt, unleſs it be thought preferable to ſuſpend, from time to time, the diſſolvents, in order that ſimple diluents and humectants may be employed.

IV. Finally, when theſe means have had the ſucceſs, to diminiſh and mollify the ſchirrous tumours, the remedies proper to ſtrengthen the elaſticity of the *uterus*, and to re-eſtabliſh the oſcillations in it, may be taken into uſe.

Such are, 1°. Warm injections, with the mineral waters of Barrege, Balarac, Bourbon, Aix-la-Chapelle, &c. which ſhould be endeavoured to be retained ſome time in the *uterus*.

2°. Fumigations, by cauſing to be received, by means of the perforated chair, the vapours of theſe mineral waters; or the fumes of the powders of the gum hedera, gum juniper, myrrh, &c; which are thrown upon a ſmall burning coal, in groſs powder; or made up into ſmall troches, with a little turpentine: or the fumes that riſe from river pebbles, or flints, made red hot in the fire, and ſprinkled with vinegar; to which Galen gives great praiſes. But care muſt be taken, that theſe fumes do not reach the *uterus*, unleſs from a great diſtance; and when but gently warm.

Palliative treatment.

When the nature of the *ſchirrus*, and the ſtate of the patient, allow no hopes of abſolute cure, the in-

tention muſt be confined to the *palliative* cure: which conſiſts in checking the progreſs of the diſorder; and in diminiſhing, or alleviating the ſymptoms. Theſe two intentions are effected, at the ſame time, by the following remedies.

1°. All the diſſolvent, diluent, and humectant remedies, enumerated in the preceding article, are to be employed; in order to effect the firſt intention. There may be even joined, ſome gentle aperitive, in a ſmall proportion, if it be judged, the blood is too thick.

The moſt common method is, to give, in winter, diluent, and humectant broths, and apozems: in the ſpring and autumn, whey; or, if the blood be acrid, freſh aſſes milk: and, in ſummer, weak chalybeate waters; and warm baths, or half baths. Theſe remedies ſhould be inſiſted upon more or leſs, according to the urgency of the occaſion.

2°. The patients ſhould be purged from time to time: but always with gentle cathartics, incapable of heating, or irritating the bowels.

3°. Bleeding, in ſmall quantities, ſhould be practiſed from time to time, but always in the arm, when the pulſe appears full; or the *ſchirrus* is painful: and this holds good, principally, of women in whom the *menſes* fail by ſuppreſſion, or ceſſation.

4°. The patients ſhould be exhorted, to avoid all kinds of motion of the body, that may be too violent: either in walking, dancing, or ſcreaming; as well as too long watchings; too lively paſſions; and the frequent uſe of coition.

5°. For the ſame reaſon, they ſhould be prevented from being coſtive, by the uſe of medicines; in order to avoid their making ſtrong efforts, when they go to ſtool: and care ſhould be likewiſe taken, that they do not catch cold; or, if that do happen, to moderate and quiet the cough, by the uſe of pectorals, and narcotics, to hinder the galling, which the *ſchirrus* may ſuffer in violent fits of coughing.

6°. All uſe of injections, and fumigations, ſhould be left off, for fear of heating the *ſchirrus:* or, if any be

be continued, they ſhould be only mollifying injections, to cleanſe the *uterus*, in caſe there ſhould be any diſcharge of *fluor albus* ſomewhat acrid.

7°. Finally, it ſhould be preſcribed to them, as a regimen, to live temperately, and regularly, by confining them to broth, and boiled or roaſted meat; and forbidding ſalt, ſpices, and ragouts: as alſo the uſe of wine; or, at leaſt, exhorting them to drink very little.

Conduct that ought to be obſerved, when it is known, that a ſchirrus *is degenerating into a cancer.*

1°. It is proper to ceaſe all uſe of diſſolving remedies, and to keep to ſuch as are diluent, and numectant; and particularly to clarified whey: which ſhould be given moſtly as the common drink.

2°. The patient ſhould, at the ſame time, and without delay, be bled in the arm, once, twice, or even thrice, according to the exigence of the caſe.

3°. Narcotics ſhould be alſo employed, to quiet the beginning of the pains, the patient feels: ſuch as the ſyrup of *diacodium*, the anodyne tincture, or *laudanum* in ſubſtance; of which the doſe ſhould be proportioned to the greatneſs of the pain.

4°. Laſtly, the patient ſhould eat nothing but broth, for ſome days; or, at moſt, be allowed nothing but potages and boiled rice, prepared with fleſh.

Specific remedies, that have been propoſed for the cure of the ſchirrus *of the* uterus.

I. As it is known, that the uſe of mercurial frictions, or preparations, diſſolve *ganglions*, and *exoſtoſes*, it has been ſuppoſed, there was reaſon to believe, that theſe remedies might diſſolve *ſchirruſſes* in the ſame manner; and, conſequently, thoſe of the *uterus*. But experiencce has ſhewn long ſince, that the action of mercury,

mercury, and of mercurial preparations, extends only to ſchirrous tumours, or *ſchirruſſes*, produced by a venereal cauſe. In this caſe, theſe remedies may be employed, with ſome confidence, for the *ſchirrus* of the *uterus*; and I can produce inſtances very ſufficient to juſtify this practice. But I have never ſeen any effect, or, at leaſt, never any but ſuch as were inadequate, in the ſchirrous tumours, or *ſchirruſſes*, which took their origin from common cauſes.

It muſt even be obſerved, that the venereal tumours are not always diſſolved by the action of mercury, or mercurial medicines: which often have no effect on them, when they have acquired a certain degree of hardneſs. There are frequent inſtances of *exoſtoſes*, ſwellings of the glands of the groin, and *ganglions*; which, although produced by a venereal cauſe, do not, when they are of long ſtanding, yield to the adminiſtration of mercury, or mercurial medicines. By theſe inſtances, it may be judged, that although there be great reaſon to believe, or, even if you will, a certainty of it, that any *ſchirrus* of the *uterus* is venereal, a flattering preſumption ſhould not be had of the certainty of curing it, by the uſe of mercury, or mercurial remedies; and much leſs ſhould it be promiſed to the patient.

If, however, it be judged, that the *ſchirrus* of the *uterus* be venereal; and thought proper to treat it by the way of friction; the method before propoſed, *pag.* 102, in ſpeaking of the treatment of the venereal ulcer of the *uterus*, may be perſued.

II. The *belladona*, or *ſolanum maniacum*; and the hemlock; are boaſted for the cure of the *ſchirrus* of the *uterus*. And if it was true, as is pretended, that theſe plants cure cancers, there would be reaſon to regard them as excellent diſſolvents. For a cancer can never be cured, unleſs the humour that forms it can be ſufficiently diſſolved, to be capable of being diſcuſſed, or brought to ſuppuration: which can be the effect only of very efficacious diſſolvents. It will be ſhewn, however, in the following chapter, what ought to be expected

pected from these medicines, for the cure of the cancer; and it may be judged, by their success in this point, what may be expected from them in the *schirrus*.

III. Every body agrees in praising for the cure of all *schirrusses*, and, consequently, of those of the *uterus*, the waters of Barrege in the Pyrénnées; of which the qualities are admirable. There is no doubt of their virtue, in deterging and cicatrizing wounds, and fistulas, of the longest standing; procuring the exfoliation of carious bones; and curing palsies, rheumatisms, and relaxations of the nerves. Nothing is more spoken of, than their quality of mollifying, and dissolving cold tumours; and even such as are schirrous: for which, I do not believe, there is any remedy so effectual and so safe.

These waters relax the fibres, and membranes of the schirrous part; restore and strengthen their systaltic spring; soften and liquefy the concreted humour; and, by these conjoint means, procure the resolution of it; or bring it to suppuration: while, at the same time, they operate without any danger of irritating, or inflaming, the disorder; or bringing on a cancer. These waters are employed in every manner. They are taken internally; used for bathing and pumping; and thrown as an injection into the *uterus*; and the mud, also, is applied on the hypogastric region, when it can be procured; which is, however, very difficult, as the waters deposit very little. As the disorder is obstinate, and the effect of the waters is slow, it is proper to continue the use of them for a long time; to be careful to purge often; and to be prepared for the waters, at least, by once bleeding in the arm, and once purging.

CHAP.

CHAP. VI.

Of the falſe ſchirrus; *or of the* ſteatoma *and* ſarcoma *of the* uterus.

THERE are formed in the *uterus*, as well as in other parts of the body, *ſteatomas* and *ſarcomas*, two ſorts of tumours very different from *ſchirruſſes*; but which reſemble them ſo much, eſpecially in the beginning, as to impoſe on the patients; and even ſometimes on phyſicians, under whoſe care they fall: which has occaſioned to be commonly given to them, the name of *falſe ſchirruſſes*. Nevertheleſs, as the prognoſtic, that ought to be made on theſe tumours; and the manner in which they ſhould be treated; differ much from thoſe of the *ſchirrus*, it is neceſſary to know their nature: which obliges us to ſpeak particularly of them in the two following articles.

ARTICLE I.

Of the ſteatoma, *and incyſted tumours, of the* uterus.

§. I. DESCRIPTION AND DIFFERENCES.

THE *ſteatoma*; and the incyſted tumours, of which it is the principal kind; are tumours formed by a bag, or membranous *cyſt*: from whence is borrowed the name *incyſted*. This bag, or *cyſt*, is always full of an humour, of different degrees of ſpiſſitude, and variouſly coloured. It is often pretty thick, viſcid, of a dirty white colour, and like to tallow: and the tumour then takes the name of *ſteatoma*, which ſignifies, in Greek, *a tumour full of tallow*. Sometimes this humour is a little leſs thick, yellow, grumous, and reſembles honey; and then the tumour bears the name of *meliceris*; that is to ſay, in Greek, *a tumour full of*

honey. At other times, the humour is more liquid, and white; and has much ſimilitude to cream; and the tumour is called *atheroma*; which imports, in Greek, *a tumour full of milk.*

It has been ſhewn, in the Treatiſe *on tumours and ulcers*, that theſe kinds of tumours are very ſmall in the beginning; and that they grow gradually, ſo as to acquire a conſiderable bulk; and to become ſometimes monſtrous.

That they have, commonly, only one cavity; but ſometimes include two, or even three, full of the ſame matter.

That they generally form only one bag, or *cyſt*; but that there are ſometimes two: the one exterior; which adheres to the neighbouring parts: and the other interior; incloſed in the firſt, without adhering to it; or, at moſt, only by a pedicle.

That they are, from their nature, without heat, or any variation from the natural colour of the part; but that they are ſometimes ſubject to inflame; and have, then, the eſſential ſymptoms of inflammation, heat, pain, and redneſs.

That when they happen to inflame, they often turn to abſceſſes; and form at firſt an *apoſtem*, full of a bad *pus:* as may be perceived when they are opened; and the *pus* ſuffered to run out.

Laſtly, that theſe tumours may become ſchirrous; and be converted into true *ſchirruſſes:* and even degenerate into cancers; in the ſame manner as other *ſchirruſſes.*

All theſe facts, which hold good of incyſted tumours in general, hold good of thoſe of the *uterus.* It is however proper to remark, that theſe tumours are formed ſometimes on the outſide of the *uterus*, or in the interſtice betwixt two of its coats: but moſt frequently on its interior ſurface; and that, in the *uterus*, they are always formed by two bags, incloſed one within the other, without any adheſion with each other.

Similar tumours are alſo formed, in the *vagina*, either at its entrance; or its bottom: and in the *vulva* itſelf; or in one of its lips: and ſmall as theſe tumours are in the beginning, they acquire ſometimes a very conſiderable magnitude.

§. II. CAUSES.

It is known at preſent, that theſe tumours are produced by the ſtagnation, and collection of ſome humour in its own proper canals; which it inlarges gradually; and of which, it forms a bag or *cyſt*, that grows inſenſibly.

When theſe tumours happen in other parts of the body; they can be imputed only to the ſtagnation, and collection of lymph in its proper veſſels: but in the *uterus*, they may come from the collection of two different humours; from the lymph which ſtagnates in its veſſels; and the uterine milk that is collected in its *cellulæ*.

But the lymph, and the uterine milk, cannot ſtagnate and be collected in their veſſels, and *cellulæ*; and produce an incyſted tumour in the *uterus*; unleſs by the concurrence of the following circumſtances.

I. That the circulation of the lymph be ſtopt, or the evacuation of the uterine milk prevented,

1°. By ſome grumulation, more or leſs conſiderable, which obſtructs the lymphatics, or the vents of the lactiferous *cellulæ*. Theſe accidents happen, when the uterus is expoſed to ſome ſudden cold; or that the patient is ſeized with ſome fright in the time of the *menſes* or *lochia*.

2°. By any compreſſion, that contracts the bore of ſome lymphatic, or that cloſes up the orifice of ſome lactiferous *cellula*; which caſes may happen, when a young woman, or one of ſmall ſtature, bears a very large child; or when, in a laborious pregnancy, the child is placed croſſwiſe; and ſtrongly compreſſes ſome part of the *uterus*.

II. That the lymph, and the uterine milk, ſtagnated, preſerve, nevertheleſs, ſufficient fluidity, not to become hard: for, in that caſe, they form a *ſchirrus*.

III. That

III. That the paſſage of lymph, and uterine milk, be continued free: for, otherwiſe, neither the lymphatic veſſels, nor the lactiferous *cellulæ*, would ſwell; nor form incyſted tumours.

It follows from this theory,

1°. That the *cyſt*, or membranous bag, which forms the incyſted tumour, is nothing elſe but the coat of the lymphatic veſſel, or the lactiferous *cellula* extended, and dilated gradually, by the entrance of the lymph, or the uterine milk, which continues to be collected there.

2°. That this dilatation auguments, alſo, gradually; and that the incyſted tumour grows in proportion, till it becomes ſometimes monſtrous.

3°. That as the coat, which forms the bag or *cyſt*, is extended, and dilated, it grows thick and hard, in proportion: which holds good of all membranes in the ſame caſe. Becauſe the nutrimentitious lymph, which has a greater difficulty in circulating in them, ſtagnates there in a greater quantity.

4°. That, when the *cyſt* has only one cavity, it is a proof there is only one lymphatic veſſel, or one lactiferous *cellula*, dilated.

5°. That, on the contrary, when the *cyſt* is divided into ſeveral partitions, or ſeparate cavities, it is a reaſon for concluding, that ſeveral lymphatic veſſels, or ſeveral lactiferous *cellulæ*, have been dilated at the ſame time.

6°. That the lymphatic veſſels, which creep under the internal coat of the *uterus*, and the lactiferous *cellulæ* which are placed there, in dilating, dilate, alſo, this coat, which covers them: and that, conſequently, the incyſted tumours of the *uterus* muſt have always two bags; the one *interior*, which is the proper coat of the lymphatic veſſel, or of the lactiferous *cellula*; and the other *exterior*, formed by the expanſion of the internal coat of the *uterus*.

7° That the humours, incloſed in theſe tumours, are more or leſs thick, according to the degree of the

thickneſs of the lymph, or the uterine milk, which have ſupplyed them: but that commonly this difference ariſes from the greater or leſs age of the tumour, which has given more or leſs time to this humour to thicken.

8°. That the different colour of the ſame humour may come from the thickneſs alone; which gives it different ſhades. But that it is apparent the quality of the blood, which ſupplies it, alſo contributes much to this, according as it is more or leſs bilious.

9°. That the incyſted tumours of the *uterus* may, in the ſame manner, as thoſe in other parts of the body, be inflamed, and ulcerated; become *ſchirrus*; and degenerate into cancers; according to the compreſſions, contuſions, bruiſes, irritations, or excoriations, to which they are expoſed.

10°. Laſtly, that the cavity of the *vagina*, particularly near the bottom, and even the *vulva* itſelf, are ſubject to incyſted tumours, as well as the *uterus:* that they are produced there by the ſame cauſes; and occaſion there nearly the ſame ſymptoms: and that, therefore, whatever has been ſaid of incyſted tumours of the *uterus*, may be applyed, a few circumſtances excepted, to thoſe of the *vagina*.

§. III. SYMPTOMS.

I. At firſt, the patients ſcarcely perceive any thing of the incyſted tumours, which are formed in the *uterus:* but gradually, on their growing bigger, they perceive their tumefaction; and begin to ſuſpect, that ſomething extraordinary is coming in the *uterus*.

II. The weight they feel there at the ſame time; and which increaſes inſenſibly from day to day; augments their uneaſineſs: and the more, as they do not perceive any motion in the *uterus*, which can authorize the ſuſpicion of their being pregnant.

III. Sometimes even a dull pain, that is felt in the *uterus*, adds to the alarm; which nevertheleſs rarely happens, except when the incyſted tumour being large;

large; and the coats of the *uterus* having only a ſmall degree of elaſticity; bearings down are cauſed, which are a little painful.

IV. When the incyſted tumour is large, the belly falls ſuddenly to the ſide on which the patients lye; and cauſes a dragging down of the *uterus*; in ſuch manner, that the moſt eaſy poſture for them is to lye on their backs.

V. While the incyſted tumours are little, the *menſes* keep their regular periods: becauſe there is only a very ſmall part of the *uterus*, which ſuffers from it. But they ceaſe, when theſe tumours grow large: becauſe, all the internal ſurface of the *uterus* is then compreſt.

VI. Under theſe circumſtances, inſtead of the *menſes*, there ſucceeds moſt commonly a lymphous diſcharge, more or leſs copious; which happens, becauſe the compreſſion, the blood and lymphatic veſſels ſuffer in the *uterus*, makes the moſt thin part of the lymph run out; which often contracts alſo in length of time a little purulence.

VII. The incyſted tumours adhere generally to the *uterus* by a broad and ſtrong connection; which hinders them from being looſened. But it happens ſometimes, that this connection being narrower, and weaker, it is broken by ſome concuſſion, or violent motion. In ſuch caſes, the patients are delivered of them with trouble, when theſe tumours are large; and theſe deliveries have been regarded as deliveries of moles; which has conduced to perplex the notions with regard to the true nature of moles.

VIII. The incyſted tumours of the *vagina*, and *vulva*, produce nearly the ſame accidents, as thoſe of the *uterus:* but, moreover, when they are large, they hinder the patients from having commerce with their huſbands; and are generally regarded as a *deſcenſus* of the *uterus*; not only by the patients, but even by their midwives.

§. IV. DIAGNOSTIC.

It has been already remarked, that the incysted tumours of the *uterus*, and the *vagina*, are not perceived; nor afford any occasion of suspicion; while in their incipient state: and when they begin to be sensible, there is sometimes much difficulty in distinguishing them from certain states and diseases of the *uterus*, to which they have a great resemblance.

I. Doubts on this head can never regard inflammations of the *uterus*; from which the incysted tumours are very different: because there is no acute pain in the incysted tumours when they are prest, which is otherwise with respect to inflammation: because they are not attended either with lively heat in the *uterus*, or with fever; as is the case in inflammation: and because they are a chronic disease; whereas inflammation is an acute one.

II. But they may be easily confounded with the *schirrus* and the dropsy of the *uterus*; and even with pregnancy: which happens indeed too often. We shall see below, in speaking of the dropsy of the *uterus*, and of pregnancy, what are the signs which distinguish them from the incysted tumours. It suffices to enumerate, at present, those which may prevent their being confounded with a *schirrus*.

These signs are, 1°. That the *schirrus* is more hard, and more resisting, than the incysted tumour.

2°. That, in the *schirrus*, the tumour is generally angular, and unequal; and takes up only one part of the *uterus:* whereas, in the incysted tumours, the tumour is round, and takes up all the extent of it.

3°. That the *schirrus* sometimes brings on bad accidents; and makes the women ill: whereas, in the incysted tumours, they scarcely perceive any inconvenience; and appear to preserve their full health.

§. V. PROGNOSTIC.

Happily the incysted tumours of the *uterus* are a rare disease: but when they do happen, they always continue till death.

1°. They

1°. They are not curable; particularly when they have acquired a certain magnitude: becauſe it is abſolutely impoſſible, to reſolve ſo thick and copious an humour, incloſed in two firm and denſe bags. It is known by experience, that the incyſted tumours of the exterior parts of the body, as under the name of *wens*, and *gouêtres*, cannot be reſolved: although plaſters, the moſt reſolvent, are kept conſtantly applied to them. With how much more reaſon then, may the ſame prognoſtic be made in incyſted tumours of the *uterus*; where there is no means of employing the ſame reſolvents.

2°. This impoſſibility of reſolution, which holds good in general as to all the incyſted tumours of the *uterus*, is at leaſt very certain, with reſpect to all thoſe, which are very large, of long ſtanding, and filled with a very thick humour; as the *ſteatomas* and the *atheromas*.

3°. It often happens, that in perſiſting to endeavour to reſolve them by external diſſolving remedies, or reſolvent injections, the only reſult is, the bringing them to a ſuppurating ſtate: which forms an *anomalous* abſceſs in the *uterus*; that is to ſay, an abſceſs full of a grumous and putrid matter; but which is not true *pus*.

4°. Sometimes even, without there being any room for the reproach of imprudence, this misfortune is brought about.

When the women, who have tumours of this kind fall upon their belly; ſuffer ſome contuſion; or receive ſome blow there.

When they are expoſed to a ſlow fever, that preys on them; and liquefies gradually their blood, and humours.

Laſtly, when, in ſpite of theſe tumours, they become pregnant; which brings on miſcarriages; in which theſe tumours are almoſt always bruiſed.

5°. Whenever theſe tumours come to ſuppuration, they form, in the *uterus*, as has been ſaid, a bad abſceſs, attended with a ſlow fever; which terminates at laſt in a fiſtulous ulcer, almoſt always incurable.

6°. However bad the incysted tumours of the *vagina* may be, they are less so than those of the *uterus*: because they may, positively speaking, be taken out by way of extirpation; or by that of erosion; as we shall see below.

§. VI. CURATION.

In the incysted tumours, which are on the outside of the body, it is thought sufficient, for resolving them, to administer dissolvent medicines internally, and to apply resolvent plasters externally: and this method is persued, as long as the tumours do not produce inconveniencies, by their bulk; nor deformity by their situation. It is true, indeed, in these cases, that after having proved the inutility of common remedies, the measure of extirpating these tumours is taken, where it can be done without hazard: and either the knife, or caustics, are employed for this purpose.

It may be judged from thence, how few resources, and how little the hopes are, in incysted tumours of the *uterus*, that do not admit of being extirpated; of having any sort of plaster applied to them; or, indeed, of having any means employed, except the use of some internal dissolvents, of very little efficacy. All the treatment of these tumours is, nevertheless, confined to this: which, as appears, is purely palliative; and only sufficient to retard the progress; and prevent the consequences; but incapable of procuring a resolution.

There are two intentions of cure which should be proposed to be effected: the one to dilute the blood, in order to facilitate its circulation in the *uterus*, and thence to prevent the too great increase of these tumours. This may be completed,

1°. By the use of diluent and humectant broths, or apozems; such as those which have been proposed, in the method of cure for the ulcer of the *uterus*.

2°. By the use of filtered whey, to which may be added, some ounces of refined juice of chervil, or water cresses. There may, if judged necessary, be added

to

to the broth, or whey, ſome aperient; as the *ſal de duobus*, Riviere's ſalt of ſteel, *martial ſoluble tartar*, *terra foliata Tartari*, &c; to augment the power of theſe diluents.

3°. By the uſe of aſs's milk, which ſhould be new; in the caſes where there is room to ſuſpect any acrimony in the blood.

4°. By the uſe of ſteel waters, taken in a moderate quantity, in the proper ſeaſon; and acuated by the addition of ſome purgative ſalt.

5°. By the uſe of bleeding in the arm, repeated from time to time; and proportioned to the ſtate of the pulſe: which is abſolutely neceſſary, when the patients feel any pain, or any heat in the *uterus*.

6°. By the uſe of baths, or half baths; in which may be taken the broths, apozems, or whey, as ordered above.

7°. Laſtly, by ſlight purges, but repeated from time to time; which not only cleanſe the ſtomach; but evacuate, alſo, much of the humours that load the blood.

The other intention muſt be, to waſh, and cleanſe the *uterus*, from the foulneſs, and impurities, which may ſtagnate there, when it is perceived, that the tumours bring on a diſcharge of a lymphous humour; which tends to purulency. There can be nothing employed in this view, but injections into the *uterus*: which are made with decoction of barley, wormwood, or mugwort: to which is added, a little Narbonne honey. The mineral ſulphureous waters, to which are added, ſome drops of the balſam of the commander of Perne, may be alſo uſed with ſucceſs, in form of injection. The fumes, which riſe from theſe waters, are, alſo, very ſerviceable; when they are managed with proper art, to convey them into the *uterus*, by means of a funnel made for that purpoſe.

With regard to incyſted tumours, that are formed in the *vagina*, or the *vulva*, the cure of them is both more eaſy, and more certain; for plaſters may then be applied: and, if there be occaſion, they may be

even deſtroyed by cauſtics; or extirpated by the knife. But the particulars of theſe operations will be ſhewn in the following article; where the *ſarcoma* of the *vagina*, which is more common than the *ſteatoma*, and for which theſe operations are more frequently performed, will be ſpoken of.

ARTICLE II.

Of the ſarcoma *of the* uterus.

§. I. DESCRIPTION.

THERE are formed, in the *uterus*, *vagina*, and even *vulva*, tumours that are round; without any cavity; inſenſible; ſoft; yielding to compreſſure; having but little elaſticity to reſtore themſelves; and unattended with any change, either in the colour, or heat of the part. Theſe tumours, in the beginning, are very ſmall, and imperceptible; though they increaſe gradually; and ſometimes grow bigger than the head of a child. But their progreſs, notwithſtanding it is certain, is not always made with the ſame quickneſs.

Theſe tumours are common to all parts of the body. They are formed, not only upon almoſt every place of the ſkin; but alſo in all the cavities; in the noſe; in the *æſophagus*; in the inteſtines; &c. Wherefore it is no matter of wonder, that they are formed in the *uterus*, and the *vagina*.

When theſe kinds of tumours are opened, after the death of the patients, or after having been extirpated, it is found, that they have no cavity: and that they are formed by the contexture of many tendinous ſtrings, or membranes, the interſtices of which are filled with a fattiſh matter, thicker, and more fibrous than common fat: and among which are diſtributed, nerves and blood-veſſels, arterial and veinous; but thinly diſperſed.

Theſe tumours bear the name of *ſarcomas*, or fleſhy excreſcences: but that of adipoſe tumours would be

more proper; becauſe it is apparent, they are formed by the expanſion, and tumefaction, of a portion of the cellular, or adipoſe membrane.

Though theſe tumours be ſoft, and indolent, in their natural ſtate; yet it does not follow from thence, but that they may, by accidents, under certain circumſtances, be inflamed; turn to abſceſſes and ulcers; or become ſchirrous, and even cancerous. But they are then ſo many new diſeaſes.

Whatever has been ſaid of *ſarcomas* in general, holds good intirely of the *ſarcomas* of the *uterus*; which differ from the others, only in the place where they are ſituated.

§. II. CAUSES.

When it is underſtood, that *ſarcomas* are not formed by the accumulation, or collection of any humour; but proceed only, from that ſome portion of the cellular membrane, receives too copious nouriſhment; and, conſequently, ſuffers too great a growth; which makes it project from the level of the internal ſurface of the *uterus*; there remains nothing more wanting, than to know what may give occaſion in the *uterus*, to this too copious nouriſhment of ſome portion of its cellular membrane. But there can be known only three cauſes capable of producing this effect.

The *firſt* is, the thinneſs of ſome place in the internal ſurface of the *uterus*: whether proceeding from ſome ſtroke of the nail of a midwife, which has ſlightly ſcratched it: from ſome drop of acrid humour, which may have adhered there in the *fluor albus*, of a bad diſpoſition; and which may have excoriated it ſuperficially: or from ſome drop of *ſemen* infected with the venereal contagion; which may have produced the ſame effect. By this thinneſs, the portion of the cellular membrane, which is under it, will be leſs preſſed; and the nutritive lymph will be detained there in greater abundance; and, by nouriſhing this place

place more than the reſt, will form there a *ſarcoma*, that will gradually grow bigger.

The *ſecond*, is the contraction, or *erethiſmus* of ſome portion of the cellular membrane of the *uterus*, cauſed by the pungency of ſome drops of an acrid and thick humour, which adheres there in the *fluor albus*, of long continuance: of ſome drops of *ſemen*, tainted with the venereal contagion, which has fixed there; or of ſome injection into the *uterus*, too acrimonious or ſtyptic. This contraction, by cloſing the lymphatic veſſels, detains there the lymph; and gives occaſion to the formation of a *ſarcoma*.

The *third* is, the relaxation of the elaſticity, in ſome place of the cellular membrane: which may ariſe, either from the too great diſtenſion which this part may have ſuffered in a difficult and hard labour; or from the relaxation, to which it may have been expoſed, by the ſtagnation of a ſerous *fluor albus*; which may have been detained there too long a time: and, in this caſe, the lymph, from the want of a ſufficient force to preſs it out, will ſtagnate in the place where the elaſticity is weakeſt; and, by nouriſhing it more copiouſly, will form there a *ſarcoma*.

With regard to the *ſarcomas* of the *vagina*, and the *vulva*, they are owing to the ſame cauſes: becauſe the *vagina* is expoſed to the ſame effects, and accidents: but there muſt be one added to them, which is peculiar to the *vagina*; to wit, the touchings that women make themſelves; or that they ſuffer others to make, and which are the moſt common cauſe of the *ſarcomas*, that happen in this part.

§. III. SYMPTOMS.

I. In the beginning, the *ſarcomas* of the *uterus* are very ſmall; and do not exceed the ſize of a pea: but they increaſe gradually, by the continued action of the ſame cauſes.

II. The growth of the *ſarcomas* of the *uterus*, is more or leſs quick, according as the arteries, which paſs into each *ſarcoma*, are more or leſs large; or in greater

greater or leſs number: which determines the greater or leſs proportion of nutritive lymph, that is ſupplied, and retained there.

III. *Sarcomas* are more or leſs firm in their texture, as the lymph, which nouriſhes them, is more or leſs thick in its conſiſtence; or, as they are formed in an *uterus*, more or leſs hot, or more or leſs moiſt.

IV. Theſe tumours are inſenſible; or, at leaſt, have no more feeling than fat: becauſe they are true adipoſe tumours; in which there are but few nervous filaments diſtributed.

V. The *ſarcomas* are connected to the *uterus*, ſometimes by a pedicle, that is thick and ſhort; and ſometimes by one that is long and ſmall: which depends on the greater or leſs extent of the portion of the cellular membrane, which is inlarged.

VI. When the *ſarcoma* adheres to the *uterus*, by a thick and ſhort pedicle, it remains there perpetually fixed: but is ſometimes ſeparated, when the pedicles are long and ſmall; and expoſed to be broken by ſome effect. A delivery is then made of theſe *ſarcomas*, as of a mole: but with much more trouble. Theſe kinds of *ſarcomas*, which have ſometimes come away in this manner, have thrown ſome confuſion into the idea, that ought to be entertained of true moles.

VII. When the *ſarcomas* of the *uterus* have acquired a certain magnitude, they cauſe the ſame ſenſe of weight in the *uterus*, and the ſame trouble in walking; as women find in the laſt months of pregnancy.

VIII. It often happens then, that the women, who have a large *ſarcoma* in their *uterus*, are expoſed, in like manner as pregnant women, to an *œdema* in the inferior extremities; and even in the lips of the *vulva:* on account of the compreſſion, the *ſarcoma* makes on the crural veins, and on thoſe that carry back the blood from the *vagina*, and the *vulva*.

IX. While the *ſarcomas* are yet ſmall, it often happens, that the *menſes* continue: becauſe a part of the internal ſurface of the *uterus* is ſtill free for the blood-veſſels, and the veinous appendices, to tumefy, elon-

gate

gate themſelves, open there, and produce menſtruation. But when the *ſarcoma* is become larger, the internal ſurface of the *uterus* is ſo very much compreſt, that the blood-veſſels, and the veinous appendices, cannot any longer elongate themſelves; and the *menſes* are ſuppreſt.

X. Notwithſtanding this, there flows, at the ſame time, more or leſs copiouſly, from the *uterus*, compreſt as it is, a lymphous humour, either coming from the internal ſurface of the *uterus*, where the circulation of the lymph is very much conſtrained; or exuding from the *ſarcoma* itſelf, where the lymph ſtagnates in a great quantity.

XI. When *ſarcomas* are expoſed to blows, or contuſions, in conſequence of any fall on the belly; when they are handled too roughly in examining the nature of them; or when it has been practiſed, to apply on the belly, too powerful reſolvent plaſters, in order to diſcuſs them; it ſometimes happens, that they inflame; become painful; and even turn to abſceſſes in ſome places: or that they grow hard, ſchirrous, and even cancerous: as has been already obſerved, with reſpect to the incyſted tumours.

§. IV. DIAGNOSTIC.

The *ſarcoma* of the *uterus*, may be confounded with all the other kinds of tumefactions, which happen to that part; that is to ſay, with *ſchirruſſes*; incyſted tumours, or *ſteatomas*; dropſies; tympanies; and pregnancy.

I. They are eaſily diſtinguiſhed from *ſchirruſſes*: becauſe, in the *ſarcomas*, the *uterus* is more uniformly round; whereas, in the *ſchirruſſes*, the inequalities in the body of the *uterus* are perceived; on account, that the hardneſs, and reſiſtance, are much leſs in the *ſarcoma*, than in the *ſchirrus*: and becauſe, moreover, the *ſarcoma* alters much leſs the health of the patients, than the *ſchirrus*.

II. It is more difficult to diſtinguiſh the *ſarcoma* from incyſted tumours; particularly from the *ſteatoma*; with

with regard to which, all the exterior appearances are nearly the ſame. But, fortunately, this is of little conſequence: becauſe, as we ſhall ſee in the ſequel, the treatment muſt be abſolutely the ſame in both diſeaſes; and the prognoſtic alſo.

III. With regard, as well to the dropſy, and the tympany of the *uterus*, as pregnancy, it is moſt proper to refer the diagnoſtic, which diſtinguiſhes them from the *ſarcomas*, to the chapters where we ſhall explain the nature of theſe diſeaſes, and of that ſtate; and where it will be more eaſy to make the differences, on which this diagnoſtic is founded, be well underſtood.

IV. As to *ſarcomas* of the *vagina*, and the *vulva*, they are diſtinguiſhed eaſily: becauſe they may not only be touched, but ſeen; even in the *vagina*, by making uſe of the *ſpeculum uteri*. It is rare, therefore, that they are confounded, either with *ſchirruſſes*, or *ſteatomas*; but they are ſometimes confounded with the *deſcenſus uteri*; as we ſhall ſhew, in ſpeaking of that diſeaſe.

§. V. PROGNOSTIC.

I. The *ſarcoma* of the *uterus* is an incurable diſeaſe. On the one hand, there is no room for hoping to procure the reſolution of it; nor ſhould it even be attempted; as it is not an inſpiſſated and accumulated humour, of which there is reaſon to expect the ſolution; but the part itſelf too much nouriſhed; that produces it: and, on the other hand, extirpation, which is a reſource in external *ſarcomas*, cannot be employed in thoſe of the *uterus*.

II. But although *ſarcomas* of the *uterus* are incurable, they may be ſuffered a long time without any inconvenience. They cauſe neither pain nor heat in the part; nor are attended with any fever; or injury to the natural functions of life.

III. The only inconveniencies they cauſe, when of long ſtanding, are the weight which the patients feel in the hypogaſtric region; the trouble they find in walking.

walking, on account of the ſize of the *ſarcoma*; and the lymphous diſcharge, ſometimes acrid, to which they become ſubject; becauſe of the compreſſion, and diſtenſion, the *ſarcoma* cauſes in the *uterus*.

IV. As *ſarcomas* are tumours, which have nearly the ſoftneſs of the adipoſe parts, they remain a long time in that ſtate without change; and the more, as they are ſcarcely at all expoſed to the action of exterior bodies; which can make any alteration in them: and it is for this reaſon, theſe tumours are had a long time without any danger.

V. Nevertheleſs, if it happen, from any of the reaſons that have been mentioned, that theſe tumours inflame, or turn into abſceſſes or ulcers; they will be attended with the danger proper to theſe ſtates. They will, in the ſame manner, be attended with the danger attending a *ſchirrus*, or a cancer, if they become, by any accident, ſchirrous or cancerous. But theſe caſes are very rare.

VI. Laſtly, with regard to the *ſarcomas* of the *vagina* and *vulva*, the prognoſtic is the ſame as in thoſe of the *uterus*; with this difference, however, that they may be cured: becauſe they may be taken off, by the knife, or deſtroyed by cauſtics.

§. VI. *Method of cure.*

In a diſorder that is incurable in its nature, all the treatment that can be practiſed, is reduced to the intention of a ſimple palliative cure: in which two objects are propoſed; the one to diminiſh the growth; and the other, to leſſen the inconveniencies.

I. To effect the firſt intention, care ſhould be taken to facilitate the circulation of the blood, and to preſerve the fluidity of it, in order to prevent the too great acceſſion, and ſhorten the too long continuance, of the nutritive lymph, in the tumour.

In this view, 1°. The ſame remedies are employed, as we have before propoſed for the palliative cure of *ſchirruſſes*; that is to ſay, broths; or diluent and humectant apozems; whey, clarified and filtred, alone, or

or charged with the juice of ſome aperient plants; weak chalybeate waters, in the proper ſeaſon; provided there be no œdematous ſwelling of the inferior extremities, which threatens a dropſy: and even new aſſes milk, in caſe there be indications of acrimony in the blood.

2°. There may, moreover, if it be judged proper, be joined to theſe ſeveral remedies, ſome ſoft aperitives; and even ſome aperitive opiates, and gentle diſſolvents, may be ordered, if any thickneſs of the blood be ſuſpected.

3°. Laſtly, the uſe of bleeding and purging muſt be effectually repeated. If there be a ſuppreſſion of the *menſes*, the bleeding in the arm, at leaſt four times in the year, ſhould be practiſed; and purging as often. But if the patient be more than fifty-five years old, the number of bleedings may be diminiſhed; but without retrenching any of the purgings.

II. The two principal inconveniencies of the *ſarcoma* of the *uterus* are; 1°. The heavineſs the patients feel in the hypogaſtric region; and the trouble they have in walking: 2°. The diſagreeableneſs of a running, that is continual, and ſometimes acrid.

The *firſt* of theſe inconveniencies is removed by means of a bandage proper for the belly; which ſurrounds, and ſupports the whole compaſs of it: and which is faſtned behind the back; and rendered more ſecure, if there be occaſion, by the aid of proper arms or handles.

All that can be done for the *ſecond*, is to exhort the patient to keep herſelf clean; to waſh often, with a ſlight decoction of chervil; to which may be added, a few drops of vinegar dulcified by litharge, which is infuſed in it; or even to make injections of the water of yellow mallows, into the *uterus*, if the orifice of it be ſufficiently open: and to uſe, from time to time, half baths, warm.

III. If it happen that the pedicle of the *ſarcoma* break, and that rolling in the *uterus*, the *ſarcoma* pre-

ſents itſelf to the orifice, to come out, the means muſt be made uſe of, that are propoſed below for the extraction of a mole. But theſe caſes are very rare.

IV. With regard to *ſarcomas* of the *vagina*, and the *vulva*, they may be extirpated, either by the knife; which is the moſt certain way; particularly if the *ſarcoma* be large: or deſtroyed by cauſtics; which is a method, that may be employed in the caſe of timid women, when the *ſarcoma* is ſmall.

In the firſt caſe, they were very much embarraſſed formerly, when the *ſarcomas* were ſituated in the *vagina*, to tie the pedicle of the tumour in a place ſo narrow: but a commodious inſtrument has been ſince diſcovered for making this ligature: though, in fact, it is ſcarcely requiſite to uſe it. For the blood-veſſels, which go to the *ſarcoma*, are ſo ſmall, and ſo few in number, that the amputation may be made without hæmorrhage: or, in all caſes, with an hæmorrhage eaſy to be ſtopt, by the application of ſome pledgets, dipt in alum water. When the extirpation is made, the wound muſt be dreſt as others are commonly.

But if the method of cauſtics be perſued, care muſt be taken, before they are applied, to ſecure all the ſurface of the *vagina*, or the *vulva*, with the plaſter of mucilage; or to cover it with ſeveral pledgets, dipt in the water of yellow mallows. There ſhould be moſt particularly the greateſt attention, to cover and defend the orifice of the *uterus*. After having taken theſe precautions, the proper cauſtics ſhould be applied: ſuch as the *lapis cauſticus*; the troches of *minium*, or of corroſive ſublimate, deſcribed in the Codex of Paris; or the prepared lint of Vigo: proceeding, in the uſe of them, with the greateſt circumſpection, and without hurry.

CHAP.

CHAP. VII.

Of the cancer of the uterus.

§. I. DESCRIPTION.

A Cancer is, in general, as has been ſaid in the Treatiſe *on tumours and ulcers*, a tumour, that is hard, reſiſting, and, at the ſame time, painful, and ſhooting: or, to ſpeak more properly, a cancer is a *ſchirrus* become painful, and attended with ſhootings. It is eaſy, from hence, to judge of the cancer of the *uterus*; ſince it does not differ from others, except in the place of its ſeat.

In order to know the cauſes, that occaſion a *ſchirrus* to degenerate into a cancer, it is proper to examine, ſtep by ſtep, the changes which happen to the *ſchirrus* in this caſe.

1°. The *ſchirrus* becomes painful; and ſubject to ſhootings, more or leſs acute; particularly when handled.

2°. The *ſchirrus* ſwells, and inlarges faſter than at other times; and, in inlarging, it changes its form, and figure; becoming unequal, pointed, and angular.

3°. Some of theſe angles become daily more pointed; and more projecting; and the membrane, which covers them, grows in proportion more red, ſmooth, and diſtended.

4°. Theſe changes appear to the eye in the external cancers. They may even be diſtinguiſhed in the cancers of the *uterus*, by applying the hand on the hypogaſtric region; and yet better by introducing the finger into the *vagina:* which affords the means of judging of the variations that happen in the neck of the *uterus:* and are made there from day to day.

5°. The principal pain, and almoſt all the ſhootings of the cancer, tend to theſe angles: and the whole of the diſorder ſeems to be concentrated there.

In this ſtate, the cancers of the *uterus*, like all thoſe of other parts, bear the name of *confirmed*, but *occult cancers*.

6°. At laſt this membrane, in conſequence of being ſtretched by the tumefaction of the cancer, cracks, and burſts: which change extends itſelf ſoon to the body of the cancer, that cracks and burſts, in the ſame manner. From theſe cracks there ouzes an ichorous *ſerum*, that increaſes gradually.

7°. When the cancer is divided; its edges turn outwards; and open more and more, without any apparent cauſe. In this ſtate it is called an *open cancer*.

8°. The ſhootings, and pains, go on continually increaſing, in the ſame manner as the opening: and the cancer, inſtead of a true *pus*, affords nothing but a *ſanies*, that is very fetid.

9°. There are continually generated, from the body of the cancer, or its edges, ſpongy and rotten fleſh: which ſoon becomes putrid; and which is daily renewed by a kind of vegetation.

10°. All the parts which join to the *uterus*, or are near to it, participate of the accidents of the cancer. The *vagina*, through which the matter paſſes that deſcends from it, is irritated, inflamed, and ulcerated. The pains are referred to the reins, the fundament, and the right or left ſides, according as the cancer is ſituated in the *fundus*, the neck, and the lateral part, either right, or left, of the *uterus*. Sometimes neither the ſtool, nor urine, are made without trouble and pain; when the inflammation communicates itſelf to the *rectum*, or the bladder.

11°. Laſtly, a ſlow fever is joined to this number of other evils: and the *paroxyſms* are more or leſs great, and more or leſs long, according as the cancer is bigger or leſs; the humour, it affords, is more or leſs acrid; the pains it cauſes, are more or leſs violent; and the ſtate of the blood is in its nature more or leſs depraved.

As it has been ſhewn above, Chapter V, that the *vagina*, and the *vulva*, were ſubject to *ſchirruſſes*, in the

the ſame manner as the *uterus*, it is eaſy to judge, that theſe *ſchirruſſes* may degenerate there into a cancer; by the ſame cauſes; and by the ſame progreſs; as thoſe of the *uterus:* and that, therefore, the *vagina*, and *vulva*, may be the ſeat of cancers; and ſometimes are ſo.

§. II. DIFFERENCES.

1°. The cancer is *incipient*, when the *ſchirrus* becomes painful, and attended with ſhooting, at great intervals, without the form of the tumour being apparently changed.

It is *confirmed*, when the ſhootings are more frequent, and the tumour has changed conſiderably its form; and is changing it from day to day.

2°. The cancer, whether incipient, or confirmed, is *concealed* or *occult*; ſo long as the tumour preſerves its intireneſs, without any diviſion. It is *open* or *ulcerated*, when the tumour is divided, let it be ever ſo little.

3°. The cancer is *malignant*, when it is attended with great pain, and violent accidents: and it is *kindly*, when the pain is more ſupportable; and the accidents not ſo bad.

4°. Laſtly, the cancer comes from an internal cauſe, when it depends on the depravity of the blood, without any external cauſe, that has given riſe to it; or, at moſt, with a very ſlight external cauſe; and it comes from an external cauſe, when it may be attributed to ſome accident; as a ſtroke, contuſion, or bruiſe.

§. III. CAUSES.

Common opinion attributes the generation of cancers, to an humour, that is acrid, exedent, and corroſive: which ulcerates the *ſchirrus*; and which, by ulcerating it, produces all the bad ſymptoms that attend a cancer. But it is difficult, not to ſay impoſſible, to explain, with relation to that opinion, the origin of this humour, in a tumour, which is hard, com-

pact, and insensible; such as is a *schirrus*, from whence the cancer is formed. There is more difficulty still, in supposing this humour to explain the tumefaction which comes on the *schirrus*, when it degenerates into a cancer; and the variations, that are observed in the tumefaction; and which change, from day to day, the form of the cancer. It is difficult, moreover, to assign a reason for the turning out of the lips of the cancer; and the readiness with which a cancer once opened, opens more and more, without any apparent cause; and, as it were, spontaneously.

I have laid down in the Treatise *on tumours and ulcers*, a theory which appears more plausible; and which, I believe, ought to be adopted for the cancers of the *uterus:* that differ from other cancers only in their place. But to shew the grounds of this theory, it is proper to make some previous observations.

1°. That the *schirrus* of the *uterus*, is a tumour formed gradually by the collection of lymph, or of uterine milk, thickned, prest, beaten, accumulated; and, by such means, become capable of producing a hard and resisting tumour.

2°. That this tumour, thus formed, inlarges, extends itself, and rarefies, when it is converted into a cancer; and that it inlarges, and rarefies, unequally, according as it is more or less prest. These facts are confirmed by the tumefaction, which happens to the *schirrus*; and by the inequality of the swelling.

3°. That the membrane, which covers it, and even the body itself of the cancer, rend, or burst, only in consequence of being distended: and that this happens always in the place, where the distension is greatest.

4°. That the cancer, being once open, continues to open itself more and more; as from its own power: and that its edges turn back outwards, only by the continuation of the tumefaction of the cancerous mass.

If

If these observations be duly weighed, I conceive, there will be no difficulty in granting, that it is very apparent, the schirrous matter is liable to considerable tumefaction and rarefaction: and that it is only to this tumefaction and rarefaction, which happens to the *schirrus*, under certain circumstances, the change of the *schirrus* into a cancer must be attributed.

The property, which I ascribe to the matter of the *schirrus*, of extending itself, and rarefying, may be supported by many instances. It is thus, that plaster tempered with water swells, and extends itself, in proportion as it hardens. It is thus, that iron filings, mixt with urine, and pounded garlic, form a mixture that tumefies in growing hard; and it is thus, that the solutions of metals, and of salts, form, by raising themselves, kinds of vegetation.

These principles, once established, there is nothing further wanting, to explain the conversion of the *schirrus* of the *uterus* into a cancer, than to point out the cause, that can produce, in the schirrous matter, the expansion, or the unfolding, of which the consequence is the generation of a cancer.

This cause can, however, be nothing else, but a considerable augmentation of heat in the matter of the *schirrus:* which, by rarefying it, brings it to a condition of extending, and unfolding itself: which can never happen, except in the three following cases; with relation to which, it is material to observe, that they are precisely the same with those in which *schirrusses* turn to cancers.

The *first* is, the increase of the natural heat of the blood by fever; the improper use of acrid salt; heating diet; long watchings; over great exercise; and violent passions.

The *second* is, the increase of heat in the *schirrus* itself, by some particular cause; as the inflammation of the *uterus*; the undue use of dissolving remedies imprudently employed; the too frequent use of coition; pregnancy, to which the patient is impro-

perly expoſed; or a miſcarriage, where a difficult delivery has been the conſequence of it.

The *third*, finally, is the augmentation of the acceſs of blood to the *ſchirrus*, cauſed by a general *plethora*, or by a fever; the too frequent handling of the diſordered part; the uſe of too hot baths; the irritation of the *fluor albus*, when too acrid; and, laſtly, ſome compreſſion, or blow.

§. IV. SYMPTOMS.

I. A *ſchirrus*, that degenerates into a cancer, grows larger, and is extended by the rarefaction, and unfolding of the matter, of which it is formed, produced by the action of ſome of the cauſes, that have been laid down.

II. This unfolding is not uniform in the whole extent of the *ſchirrus*, either, becauſe the matter of the *ſchirrus* is not equally fit to be rarefied; or, becauſe it is not every where equally expoſed to the cauſes, which make it rarefy. From whence it ariſes, that there is then formed on the *ſchirrus*, thoſe protuberances, or inequalities, that change the figure of it.

III. This expanſion, or unfolding, of the maſs of the *ſchirrus*, which degenerates into a cancer, cannot be made without cauſing violent diſtenſions, in the nervous filaments; which are diſtributed there; and to this diſtenſion, muſt be attributed, the ſhootings, or cutting pains, which are felt in the incipient cancer; and increaſe in it daily; and which are, as it were, the pathognomonic ſymptoms of it.

IV. Theſe ſhootings, begun in the cancer, propagate themſelves into the neighbouring parts; as exploſions of pain; becauſe the motion impreſſed on the nervous filaments in the cancer, are communicated, by the continuity of the nerves, into the neighbouring parts.

V. The expanſion of the cancerous matter continuing to increaſe, it reſults, at laſt, that the membrane, which covers the cancer; and afterwards the body

body of the cancer itſelf; are rent, and opened; which begins always in the places, where the expanſion is the greateſt.

VI. It is owing to the ſame reaſon, the opening of the cancer, at firſt but ſmall, inlarges of itſelf, by the tumefaction of its edges; and that its edges, by tumefying continually more and more, fold back, and turn outwards.

VII. It is alſo, for the ſame reaſon, there is generated, from the bottom and edges of the cancer, a conſiderable quantity of fungous fleſh; which grows, and extends itſelf quickly, as by a kind of vegetation; and, ſoon after, becomes a rotten maſs; but is quickly replaced by new fleſh of the ſame nature.

VIII. The edges of the cancer, in tumefying, recede, from each other, and tear, in receding, the blood-veſſels, as well arterial as veinous, that are in the interval of ſpace: which cauſes the frequent hæmorrhages in the open cancers; greater or leſs, according as the veſſels are larger or ſmaller; or may be arterial or veinous.

IX. The humour, which runs from the cancer, is firſt lymphous, and afterwards ichorous: but it becomes ſoon ſanious, and purulent; and is generally of a fetid and cadaverous ſmell; which muſt be imputed to the corruption of the rotten fleſh, which is mixt with it.

X. In the ſequel, the cancer making a continual progreſs, a fever comes on, attended, or preſently followed, with *inſomnia*, *nauſea*, and *maraſmus*: and, at length, if the patient does not ſink under the violence of the pains, ſhe periſhes generally by an *anaſarca*, or by a dropſy of the *abdomen*.

XI. All the neighbouring parts of the *uterus* participate of the pain cauſed by the cancer; and this, more or leſs accordingly, as the place where the cancer is, in the *uterus*, ſets them more or leſs within its reach. Sometimes even the ſwelling of the cancer is communicated to the *rectum*, bladder, and fundament; and produces then ſenſible tumefactions of theſe ſeveral parts.

§. V. DIAG-

§. V. DIAGNOSTIC.

I. The exiſtence of a cancer of the *uterus* is evinced by facts, that do not permit it to be miſtaken.

1°. It ſucceeds always to a *ſchirrus*, which has preceded; of which the diagnoſtic is not doubtful: and it ſhows itſelf from the beginning, by the tumefaction of the *ſchirrus*; and by the ſhooting pain, that attends this tumefaction; and which form the characteriſtic of a cancer.

2°. Beſides, it is eaſily diſtinguiſhed by the changes, which happen in the magnitude, and figure of the ſchirrous *uterus*; and which never do happen, but when the *ſchirrus* degenerates into a cancer.

3°. There are yet more certain ſymptoms, when the cancer ſeizes the neck of the *uterus*; which is often the caſe. For then, the inequalities of the neck may even be touched, or ſeen; and all the variations, which are made in the figure, may be diſtinguiſhed.

II. It is not more difficult to diſtinguiſh the different ſtates of the cancer of the *uterus*. When there is a certainty of its exiſtence; and it does not, nevertheleſs, produce any diſcharge; it is unqueſtionable that the cancer is *occult*. It is eaſy to determine afterwards, whether it is *incipient*, or *confirmed*, according to the time that has elapſed ſince the ſhootings were firſt felt; and according to their violence. Finally, it cannot be doubted, whether the cancer be *open*; when an humour, more or leſs copious, and which is ſucceſſively lymphous, ichorous, ſanious, and, at laſt, very fetid; is perceived to be diſcharged from the *uterus*.

III. It is very material, for the prognoſtic, to diſtinguiſh the *kindly* cancer, from the *malignant:* and this determination is alſo eaſy. The cancer is *kindly*, when the pain is ſupportable; the ſhootings diſtant from each other, and moderate; and the matter diſcharged ſerous, and with little ſmell: which prove the matter of the cancer does not rarefy, or unfold itſelf,

itſelf, but in a ſmall degree, and ſlowly: and that there is conſequently formed, in the cancer, little or no fungous fleſh, capable, by corrupting, of tainting the lymphous *ſerum*, which runs from the cancer.

In the malignant cancer, on the contrary, the pain is great, and almoſt inſupportable; the ſhootings very acute, and frequent; and the matter which comes from the *uterus* of a cadaverous fœtidneſs, occaſioned by the maſs of the cancer extending itſelf, and changing figure continually, and by the humour which runs from it, being corrupted by the rotten matter of the fungous fleſh, which grows copiouſly in the cancer.

IV. Laſtly, the knowledge of every thing that has preceded the generation of the cancer; as well as that of the prior ſtate of the patient; and of the conſtitution of her blood; furniſh the means of judging, if the cancer ſhould be attributed to any accidental and exterior cauſe, particularly a venereal contagion; or whether it depends on the proper depravity of the blood.

§. VI. PROGNOSTIC.

In general, every cancer is incurable, from its nature, when it cannot be extirpated: becauſe it is certain, they do not give way to any of the methods which cure tumours; to wit, reſolution, or ſuppuration; from whence it is eaſy to conclude, the cancers of the *uterus* are abſolutely incurable; ſince they cannot be extirpated.

The cancers of the *uterus* are not only incurable; but they rage much more than cancers of the breaſt: becauſe they are in a part that is hot, and furniſhed with a great number of blood-veſſels: which, by heating the matter of the cancer, accelerate the tumefaction, and ripening: from whence comes the rapid increaſe of the diſorder.

There are, nevertheleſs, ſome inſtances of cancers, produced by a venereal cauſe, which have been cured by mercurial frictions: but theſe inſtances are rare;

and

and a ſimilar ſucceſs can only be hoped for, when the cancers are ſmall, incipient, and kindly; and happen in a perſon otherwiſe well in health.

Cancers of the *uterus*, therefore, demand no care, or attention; except as to what regards the palliative cure: and the prognoſtic that ſhould be made of them, is confined to the diſtinguiſhing thoſe, of which the progreſs may be a long time retarded, and the accidents mitigated.

There may, for example, be hopes of ſucceeding in theſe two points; and of protracting the diſorder, when the cancer is not open; not greatly painful; not changed in figure, or changing only in a very ſlow manner; of a kindly nature; and happening to a patient in other reſpects of a good habit, and regular as to the *menſes*.

There is, on the contrary, reaſon to be afraid, the diſorder will carry off the patient rapidly; when the cancer is already ulcerated in a great degree; very painful, and ſubject to great ſhootings; changed in its figure much, and ſtill changing frequently; attended with frequent hæmorrhages; malignant; and happening in a woman of bad habit, who has no *menſes*; or has them irregularly.

§. VII. *Method of cure.*

The palliative cure of the cancer of the *uterus* being, as we have ſeen before, that alone which can be practiſed, is confined to the four following intentions.

I. To diminiſh, and retard, the progreſs of the diſorder, by internal remedies: II. To produce the ſame effects, by proper external remedies: III. To quiet; or, at leaſt, to moderate, the violence of the pains: IV. And, laſtly, to relieve the hæmorrhages, that come on too frequently.

I. The firſt of theſe intentions is, by the uſe of the internal remedies that follow.

1°. By preſcribing an exact regimen; reducing the patients to broths, or to farinaceous diet; forbidding them the uſe of fleſh, and of wine; or permitting them

them only in a very moderate degree: prohibiting all motion of the body; and obliging them to keep in bed, or on a long couch; and to eat little, for fear of making too much blood.

2°. Notwithſtanding all theſe cautions, care muſt be taken to bleed the patients in the arm, from time to time, about every two or three months, when they have not the *menſes*, or have them unduly. This reſource is one of the moſt efficacious, that can be practiſed in theſe caſes.

3°. The patients muſt be purged from time to time, with gentle cathartics; which, in paſſing, nether irritate, nor heat. Such are the polypody of the oak, tamarinds, *caſſia*, rhubarb, the vegetable ſalt, &c.

4°. It muſt not be neglected, to make the patients take diluting and cooling broths; whey, filtred and chalybeated; aſſes, goats, or cows, milk, given at proper ſeaſons, twice or thrice a day: or it may be ordered for the whole food, if the ſtomach can bear ſuch diet.

5°. It is neceſſary to give, in the ſummer, mineral chalybeate waters, that are very weak; as the waters of Forges: making the patient drink a moderate quantity every day; but continuing the uſe a long time.

II. In order to effect the ſame intention, the following remedies may be employed with ſucceſs.

1°. Domeſtic baths, and half baths, of warm river waters; or warm decoction of mallows; yellow mallows; *acanthus*, &c; in which the patient ſhould continue for an hour at leaſt.

The uſe of milk, and whey; and even of the mineral waters; may be joined to theſe remedies. In the firſt caſe, the baths, or the half baths, ſhould be uſed faſting; and the milk, or the whey, ſhould be given at the coming out of the bath. In the other, the water ſhould be drunk in the morning; and the patient ſhould bath two hours before ſupper.

2°. Injections into the *uterus*, with the juice or decoction of nightſhade, in Latin, *ſolanum morella dictum*,

tum, or of houſeleek, in Latin, *ſempervivum*. Theſe juices, or decoctions, are to be beaten in a leaden mortar, with a peſtle of the ſame metal, till the fluid grow thick and black. There is even ſometimes added, where the pains are very acute, a little burnt lead, reduced to an impalpable powder: or a little ſugar of lead is diſſolved in them; but in a very ſmall proportion.

3°. It may even be tried, to employ, as injections, the broths of young frogs, crawfiſh, crabs, ſnails, earth worms, *lumbrici*, &c. that are turned black, by beating them in a leaden mortar: and in which is ſprinkled, a little of the powder of frogs, crawfiſh, or toads, dried in an oven, and powdered. There may even be added, if the pain be very violent, the white troches of Rhaſis; and ſyrup of white poppies, or *diacodium*.

III. The only means of effectually mitigating the pains, is to employ narcotics: and it is a relief that ſhould never be denied to the patients; at leaſt, unleſs they abuſe the liberty. The narcotics, the moſt ſafe, and proper, in this caſe, are thoſe which *opium* affords, as the *laudanum* in ſubſtance, or diſſolved in water; and the anodyne tincture of Sydenham, according to the Pariſian code. Theſe remedies are not only given internally, but they are mixt with the injections, that are made into the *uterus:* as has been before mentioned. The doſe of theſe remedies muſt vary, according to the violence of the pains, and the ſtate of the patient. It is always better to part the quantity, that ſhould be given, into ſeveral middling doſes, which may be repeated according to the exigence of the caſe, than to give too ſtrong a doſe at one time.

IV. In the cancers of the *uterus*, there can be no other remedy againſt the hæmorrhages which come on, than to make the patients take for their common drink, a ptiſan made with the decoction of the roots of comfrey; in which is mixt ſome of the water

of Rabel, *ad gratam aciditatam*; that is to ſay, about fifty-ſeven drops, to two pounds weight; and which is afterwards ſweetned, by adding an ounce of ſyrup of capillair, or of gooſeberries. But as this remedy is not quickly enough prepared, the beſt method is, immediately to make injections into the *uterus*, of the juice of plantain, and ſhepherds purſe, in Latin, *burſa paſtoris*; to which is added, frankincenſe, or rock alum, powdered; or, what is more ready, the ptiſan above ſpoken of, made with the decoction of the roots of comfrey, and the water of Rabel.

It muſt be obſerved, that when the cancer is ſeated in the orifice of the *uterus*, the *vagina*, or *vulva*; there may be employed, in order to moderate the accidents, the ſame remedies which are uſed in exterior cancers; as pledgets dipt in the decoction before mentioned; or powdered with the abſorbents uſed in this caſe: as the powder of lead, amalgamated with mercury; the powder of lead mixt with equal parts of the powder of crude antimony, or of the *anti-hecticon Ponterii*; or, what is ſtill better, a fomentation with the leaves of hemlock, in form of a bag; which is dipt in hot water, and applied upon the part, as will be explained more fully at the end of this chapter, in a particular paragraph.

Sometimes, when there is occaſion to eat away the rotten fleſh, pledgets are applied, charged with the balſam of ſteel, deſcribed in the Treatiſe *on tumours and ulcers*; which may, by waſhing it, be dulcified as much as may be thought proper. At other times, ſlices of veal are laid on the diſordered part, in order to allay the pains and inflammation. But it muſt be obſerved, in all theſe caſes, to faſten to the pledgets a double waxed thread, to be able to draw them out with eaſe, when there may be occaſion for a new dreſſing.

Laſtly, if there be proofs, or, at leaſt, ſtrong preſumptions, that the cancer of the *uterus* is venereal, there

there is no occaſion to heſitate, to put the patients under a courſe of mercurial frictions, ſkilfully managed, after having prepared them well by the common methods. I ought, on this account, to repeat what I have already ſaid on the venereal ulcers of the *uterus*, that it is proper to employ mercurial frictions in ſmall doſes, and at great diſtances, in ſuch manner, that they may never excite any conſiderable motion in the blood; and that they may not conduce to promote the tumefaction, or maturation of the cancerous matter; which would only accelerate the progreſs of the diſorder.

§. VIII. *Remedies propoſed for the cure of cancers.*

I. As the uſe of mercurial frictions have been a long time practiſed for the ulcers and *ſchirruſſes* of the *uterus*, ſo they have been alſo for cancers: but have not been found, in this caſe, to have the ſame ſucceſs. When the cancer depends on a venereal cauſe, theſe remedies ſucceed ſometimes; although the cure is not conſtant, nor always complete. But they have no effect at all, when the cancer is not venereal; and that it proceeds from common cauſes. What has been already ſaid on this head, in the *Chapter IV and V*, in ſpeaking of the methods of cure of ulcers and *ſchirruſſes* of the *uterus*, may be conſulted for further elucidation of this point.

It is from not having diſtinguiſhed the nature, and cauſes of cancers, that Mr. Andrew Elias Buchner, profeſſor of phyſic, has preſumed too much in his theſis *De medicamentorum mercurialium uſu in cancro*, maintained at Hall in 1755, *of the effect of mercurial preparations, and particularly of mercurius dulcis*; which he boaſts as a ſpecific in the cure of cancers.

I ſuſpect, in the ſame manner, that Mr. Philip-Frederic Gmelin, profeſſor of phyſic at Tubinges, for want of having made the ſame diſtinction, has given too much latitude to an account, which he received from Mr. Antonio Ribeiro Sanchez; and has drawn from it, a concluſion too general, in his diſſertation, intitled,

intitled, *Specifica methodus recentior cancrum curandi*, printed at Tubinges, in 1757; and inserted by Mr. Haller, in his collection of *Theses of Medicine*, Vol. VI.

Dr. Sanchez, a physician of reputation, and who has exercised his profession with eminence in Moscovy, has written from Petersburg to the brother of Mr. Gmelin, that a cancer in the nose, ulcerated, and penetrating even to the bone, had been cured, in three months, by a physician to whom he had communicated the method he practised himself. The essential part of this method lay, in making four grains of corrosive sublimate be dissolved in forty-eight ounces of spirit of wine. He gave to the patient, morning and evening, an ounce of this spirit every time. I omit some external remedies; as fomentations and liniments, of which he communicated the particulars, that some use had been made of: but which could only serve to mitigate the disorder, without being able to cure it.

This account appears to me true in all its circumstances; but I conclude from it, that the cancers cured, by the administration of the corrosive sublimate, was a venereal cancer. Mr. Sanchez remarks himself, that the corrosive sublimate, thus administered, cures the venereal disease; and he affirms, he employed it in such cases, with success, more than twenty times. It is not then surprizing, that, by curing the venereal disease in the patient, of whom we are speaking, he should cure the cancer; which was a symptom of it. But Mr. Gmelin is not authorized to draw from this particular fact, the general conclusion, that the corrosive sublimate was a specific for cancers. Dr. Storck's accounts, of which we shall speak hereafter, have shewn, *Case* 1 and 9, the inefficacy of this method in cancers, which proceed from common causes.

Moreover, the remedy Mr. Sanchez communicated to the physician, who cured the cancer in the nose, is,

in fact, the ſame with that [1] which Boerhaave has intimated in his *Elements of Chemiſtry*; and which Dr. Van-Swieten has made public.

This remedy was in uſe at Paris a long time before, as obſerved in the advertiſement added to the third volume of the *Treatiſe on the venereal diſeaſe* [2], in French; and, what is more ſurprizing, it was in uſe, a much longer time ſince, in Siberia, among the Oſtiacks; who inhabit it. It is found in the *Bibliotheca Germanica* [3], that John Bernard Muller, a Swediſh captain, who had been a long time a priſoner in that country, recited in a *Relation of the manners and cuſtoms of the Oſtiacks*, printed at Berlin, 1720, that to cure the Neapolitan diſeaſe, the Oſtiacks made the patient eat corroſive ſublimate in potage, made of oatmeal; after which, they gave them every day a glaſs of very ſtrong vinegar.

It may be concluded then, that mercury, and the preparations of it, may, and even do, ſometimes, cure venereal cancers: but they ought not, on that account, to be recommended as ſpecific remedies againſt all cancers. To which, I believe, it ought to be added, that, in the caſes where the nature of the cancer makes the uſe of mercury requiſite, it would be always much better to employ it in frictions, adminiſtered as has been noted above, Book II. Chap. IV. §. IV, than to give it under the form of corroſive ſublimate, of which the operation is always dangerous, and almoſt always inefficacious.

II. The expectations that have been raiſed of mercury, being ſo ill founded, it muſt be granted, as has been already ſaid, that there is not a ſpecific remedy for cancers known: and that there is no other means of remedying them, than extirpation: which can never be poſſibly practiſed in the cancers in the *uterus*; nor always even in the extreme parts. Praiſes are, therefore, due to thoſe phyſicians, who ſet themſelves about ſeeking a ſpecific, and who have made the neceſſary

[1] Chem. Part. III. Proceſſu CXCVIII.
[2] Pag. cxxvi.
[3] Vol. II.

trials

trials to ſucceed in it. It muſt be confeſt, that the remedies, they have propoſed, are obtained from plants much ſuſpected, and decried: but they pretend, to have experienced only good effects from them: and it is but juſtice, therefore, to conſider their reaſons, and examine their accounts.

The firſt of the plants is the *bella donna*, otherwiſe *ſolanum furioſum*, or *ſolanum melanoceraſos*, that Linnæus calls *atropa*. Even to the preſent, this plant has been regarded as a poiſon: and the bad effects of it are atteſted by John Schenckius [1], who has collected the teſtimony of ſeveral phyſicians: by Simon Paulli [2]: by John James Webſter [3]: by Amatus Luſitanus [4]: and, more recently, by John Sebaſtian Albrecht [5], profeſſor at Coburg.

Vulgar prejudice did not, however, hinder Mr. Michael Alberti, profeſſor of phyſic, from maintaining at Hall, in 1739, a theſis, *De bella donna, tanquam ſpecifico in cancro, præſertim occulto.* As I have never yet been able to procure this theſis, I cannot ſay what the profeſſor alledged in ſupport of his opinion: but the date of this theſis informs me, that it is to him, the honour belongs, of having firſt propoſed the *bella donna*, as a ſpecific remedy againſt cancers, when taken inwardly. For uſe has been made, for a long time, of the leaves and juice of this plant [6] externally, as a topic in the open cancers, to alleviate the pains.

Mr. Tiberius Lambergen, profeſſor at Groningen, is the ſecond phyſician, who has adminiſtered the *bella donna* internally. He had under his care, in 1745, a woman ſeized with a cancer in the breaſt, that was open, and of long ſtanding; whom he diſpaired to cure by common remedies. He conſulted ſome of his friends, and one [7] amongſt them adviſed him to uſe

[1] Libr. vii. *De Venenis ex plantis. Obſerv.* 164.

[2] *In quadripartito Botanico.*

[3] In Tractat. *de Cicutâ aquaticâ.*

[4] *Centur.* iv. *Curat.* 98.

[5] In Commerc. Noribergico, *Ann.* 1731. *p.* 332. & *Ann.* 1732. *p.* 121.

[6] Voyez Gendron, *Recherches ſur les Cancers*, pag. 137.

[7] Frederic Winter, profeſſeur en médecine à Leide.

the *bella donna*; which he confeſt he had never employed himſelf; but of which he had heard the efficacy praiſed in the cure of *ſchirruſſes*.

Mr. Lambergen, prepoſſeſt againſt this remedy, thought he ought to prove the effects of it, before he gave it to others: and he had the courage to make the trial on himſelf; and did not, till after he had been thus encouraged to it, reſolve to try it on the patient. He has given, in detail, the journal of this proceeding, in an inaugural diſcourſe, pronounced, and printed, at Groningen, 1754; under the title of *Lectio inauguralis ſiſtens Ephemeridum perſonati carcinomatis*: which Mr. Haller has inſerted in his collection of *Theſes of Medicine, Vol. II*; and, of which, this is the real ſubſtance.

He infuſed, during the night, with a gentle heat, one ſcruple of the dried leaves of *bella donna*, in the quantity of water that ſix common tea cups contain: and he gave one of the cups every day to his patient. He ſometimes increaſed the doſe to a cup and a half; and even to two cups, one in the morning, the other in the evening: but he did not continue it, a long time together, for fear of bad accidents.

This method was perſued for near five months, from the twenty-fourth of January, 1741, to the eleventh of June following; and, in that interval, the patient took the infuſion of ſix drams of the leaves of the *bella donna*, prepared, as has been mentioned.

There had been many variations in the courſe of the treatment; and the diſeaſe appeared to triumph more than once: but, at laſt, it was perfectly cured. The uſe of this medicine had no other effect on the patient, than to give her a ſlight *vertigo*, or ſort of drunkenneſs; and a dryneſs in the mouth, and in the gullet, which would not let her ſwallow tea, that was given her, without pain: but theſe accidents ſoon ceaſed. It is true, they were renewed always on each doſe of the medicine; to which the patient could never habituate herſelf; and this prevented the phyſician from augmenting the quantity.

2 Although

Although the certainty of curing a cancer, which Mr. Lambergen attributed to the *bella donna*, was only founded on one experiment, his authority was ſufficient, to engage ſome perſons here to try the effect of the medicine, upon patients afflicted with cancers. I am ignorant of the particulars, and the ſucceſs of their trials: but the ſilence they have kept, has made me judge, the conſequence has not anſwered the hopes they had conceived. They ought to have expected no other, if they had conſulted Mr. Buchner, in the *theſis* mentioned before; where this phyſician, who wrote a year after Lambergen, ſays, in expreſs terms, that the *ſolanum furioſum*, ſo much praiſed, does not always cure cancers; and that it does not cure them in a ſafe manner: [1] *Neque, à multis ad hos uſus eximiè laudatum ſolanum furioſum ſecurè atque certò carcinoma ſemper refrænavit.*

In theſe circumſtances, prudence demands, that a ſimilar remedy ſhould be forborn, till experience has better eſtabliſhed the effects; and the more, as although it was uſed in very ſmall doſes, it did not fail, according to the confeſſion of Mr. Lambergen, to produce every time, accidents that were bad enough, though not laſting; and as the *vertigo*, which it cauſed, went ſometimes ſo far, as to affect the ſight.

I believe the ſame judgment may be extended to the *phytolacca* of Tournefort, or *ſolanum magnum Virginianum Parkinſoni*; although [2] ſome favourable experiments are related, to have been made at New York in America; and that Mr. Daniel William Triller, profeſſor of phyſic, recites ſome others in a *theſis*, which he maintained at Virtemberg, in 1752, under the title, *De naturâ cancri inveterati extirpatione novis experimentis demonſtratâ.*

III. The other plant, that has been propoſed for the cure of cancers, is the hemlock, *cicuta*; but the terreſtrial hemlock, which it is neceſſary to diſtinguiſh from the aquatic, is meant.

[1] §. xxiii.

[2] Rudolph Auguſtin Vogel, *in der Mediciniſchen Bibliotheck. Erſtembande.* pag. 849.

A better opinion did not, formerly, prevail of this plant, than of the *bella donna:* and it was regarded, in the ſame manner, as being a poiſon. Such was the common ſentiment [1] of all phyſicians. It muſt be confeſſed, nevertheleſs, that this poiſonous plant was ordered internally by Hippocrates [2], in the diſeaſes of the *uterus:* and, according to Galen [3], the decoction, the ſeed, and even the leaves, entered into ſeveral compoſitions, that he approves; and among which there were ſome, he ſays, he made uſe of.

He mentions [4], among others, a compoſition, which he aſcribes to Apollodorus: and of which, he ſays, that Heraclidus, of Tarentum, made uſe to quiet great pains; and the hyſterical vapours: into which there entered a good proportion of the juice of hemlock; and which has, by that, and by the manner of its preparation, ſome correſpondence with the remedy, that is now propoſed. Here is the recipe for this compoſition.

℞. *Succi Cicutæ, Hyoſcyami,* āā ʒiv.
Caſtorei, Piperis albi, Coſti, Myrrhæ, Opii, āā ʒj.
Hæc lævigata, additis duobus paſſi Cyathis, in ſole commiſcebis, donec inſpiſſentur, & inde confinges Paſtillos ad Fabæ Græcæ magnitudinem. Dato cum Vini Cyathis duobus.

In our time, even Ray [5] affirms, that an Engliſh phyſician, called Bowles, gave, in malignant fevers, and quartans, a ſcruple of the root of hemlock: and Paul Reneaume, a phyſician of Blois, has written in

[1] Celſus, *De re Medicâ,* Lib. vi. cap. 27.
Dioſcorides, *De re Medicâ,* Lib. iv. cap. 79. & *Alexipharm.* Cap. 11.
Galenus, *De ſimplic. Medicam. Facultat.* Lib. iii. cap. 18.
Aëtius, Tetrab. iv. Sermon. 1. cap. 63.
Paulus Ægineta, Lib. v. cap. 41.
And the greateſt part of the modern phyſicians.

[2] *De naturâ muliebri.*

[3] De compoſitione Medicamentor. ſecundùm locos. Lib. vii. cap. 2. 3. 5. Lib. ix. cap. 4. & Lib. x. cap. 1.

[4] De Antidotis, Lib. ii. cap. 13.

[5] Hiſtor. Plantar. Lib. ix. cap. 8.

hi

his obſervations [1], that he had given, for obſtructions of the liver, the infuſion in wine; once to the amount of two ſcruples; and another time to two drams of this root, dried in the ſhade; and reduced to powder.

But theſe authorities, and inſtances, had no influence: the prejudice againſt hemlock ſubſiſted ſtill; and praiſes are due to the courage of Dr. Anthony Storck, a phyſician of Vienna in Auſtria: who [2], deſirous to employ this plant againſt cancers, dared to try its effects on himſelf, before he adminiſtered it to others: as he has ſaid in his diſſertation; which he printed at Vienna, under the name of *Libellus, quo demonſtratur Cicutam, non ſolùm uſu interno tutiſſimè exhiberi, ſed & eſſe remedium valdè utile in multis morbis, qui hucuſque curatu impoſſibiles dicebantur.*

But what merits yet more praiſe is, the prudent conduct with which he adminiſtered it in nice circumſtances; his care to procure many phyſicians, of great knowledge, to be witneſſes of his experiments; and the candour which he has uſed, in communicating the compoſition of his remedy, and the ſucceſs which he found it to have.

Nothing is more ſimple than this compoſition. The juice of the hemlock, freſh gathered, is expreſſed, and inſpiſſated gradually, in a gentle ſand heat; being often ſtirred, to hinder it from burning. When it is reduced to the conſiſtence of a thick extract, it is taken off the fire; and mixt with as much of the powder of the dried leaves of the ſame plant as is requiſite, in order to form it into ſmall pills of two grains each.

[1] Obſervat. 3. & 4.

[2] I do not know whether he was determined to this by a word, that Mr. Gmelin let drop in the year 1717, in the preface to the *theſis*, which he then maintained on cancers; and which has been before mentioned; where this profeſſor intimates, that hemlock had been uſed with ſucceſs, internally and externally, againſt the ſame diſorder. *Sic*, ſays he, *ex. gr. Cicuta, Atropa ..... interne & externe applicatæ multum levaminis attulerunt.*

Dr. Storck gave, in the beginning, only one of these pills, in the morning, fasting; and another in the same manner, in the evening: but, become more courageous in the sequel, he began with greater doses. He augmented, afterwards, these first doses gradually, and pill by pill, according to the obstinacy of the disease. At first the effect was scarcely sensible: but afterwards the progress was more rapid: sometimes the disease was cured in a month or two; and sometimes the cure was protracted longer; according to the degree of the disorder, and the state of the patient.

It was not on one instance only he formed the judgment, which he imparted to the public. He repeated these experiments upon many patients, who had occult or open cancers in the breast, or in the face; indurated glands, or schirrous *strumæ*; *schirrusses* of the liver; and, what is yet more surprizing, cataracts: and his remedy afforded a cure to all, by a gentle resolution; and sometimes, in the cancers, by a laudable suppuration. He performed the experiments in the sight of physicians of great knowledge; who were the witnesses of his success. He, moreover, communicated his remedy to several physicians, and surgeons, who employed it upon a great number of patients; and who acknowledged the good effects of it. All this is found in the dissertation that has been cited, related in detail, with a frankness and candour, which do much honour to Dr. Storck. How many men do we know; who, if they had been possessed of such a secret, would have taken the greatest care to conceal it from the public, without troubling themselves about the injury done to those afflicted persons, who might, perhaps, have been cured, or relieved, by this remedy, if it had been known publickly.

After this, it is not surprizing, that Dr. Storck's sincere relation should inspire a confidence in those, who have read his work. From the first information of his remedy, even to the present, there has been an eagerness to try it. The success has not been

been deciſive: but the pains of cancers have been moderated; and the bulk of the tumour diminiſhed; which ſupport ſome degree of hopes. There is one very important fact, that ſhould not be forgotten, which is, that no body has received any inconvenience from it; although it has been already given many times in the doſe of twenty, twenty-five, and thirty grains a day.

It may be well imagined, that after this account, I ſhall not be forward in condemning the uſe of hemlock, according to the method of Dr. Storck. But I go further, I believe a prudent phyſician may, and ought to employ it, in all the caſes where Dr. Storck has uſed it himſelf: and in ſuch as approach to them in their nature. It is with new remedies, as with new faſhions, a man who is diſcreet, ought not to be among the firſt to adopt them: but he ought not, nevertheleſs, to be the laſt to take advantage of them, when their qualities, and virtues are ſufficiently eſtabliſhed.

Beſides theſe pills that have been deſcribed, Dr. Storck has employed, internally, ſome other remedies taken from hemlock. As, 1°. The powder of the root of this plant formed into pills, with a ſufficient quantity of gum tragacanth. But the uſe of this powder requires much more care, than that of the juice: becauſe the root is more powerful. 2°. An extract made with a ſtrong decoction of the leaves; which is leſs powerful than the pills made with this juice; and may be given in greater doſes. He made uſe, alſo, of leaves of hemlock, externally, in the form of fomentation, in the open cancers, that were very painful. With theſe leaves, dried and cut, he filled bags, which he ſteeped for ſome minutes in boiling water; and employed hot on the cancer; after having ſlightly ſqueezed them. He gave purges alſo, from time to time, during the adminiſtration of his remedy, when he believed he ſaw occaſion for it.

It is important, moreover, to obſerve, that the virtue of hemlock is not the ſame every where. It has,

has, certainly, more power in warm countries, as in Languedoc, and Provence, than at Paris: and in Italy and Spain, than in France: and this ought to be well conſidered by thoſe, who would employ it in this country. But as the climate of Paris differs but little from that of Vienna, I believe it may be uſed here in the ſame manner as there. It is certain, that thoſe, who have begun to employ it here, have followed nearly the quantities ſtated by Dr. Storck; and have not found any bad effect from it.

The extract of hemlock has been given at Paris, for more than ſix months, in all the caſes where Dr. Storck has himſelf given it. There has not, indeed, been any bad effect found from it; but the ſucceſs has not anſwered, hitherto, the expectations conceived of it.

CHAP. VIII.

Of the dropſy of the uterus.

§. I. Description and Differences.

THE dropſy of the *uterus* is a collection of water, or of lymphous *ſerum*, in the cavity of the *uterus*. But this water or *ſerum* is not, however, always contained there, in the ſame manner. Sometimes, and indeed moſt commonly, it floats freely in the *uterus*: and then this dropſy bears the name of the *aſcitic* dropſy; becauſe the *uterus*, when full of water, reſembles an *ortre*, or kind of large ſea fiſh, called, in Greek, ὄσκος: and ſometimes, though ſeldom, it is incloſed in a great number of veſicles, which all adhere to the internal ſurface of the *uterus*, by one common pedicle; or by ſeveral diſtinct pedicles; and then this dropſy is called the *hydatic* dropſy: becauſe theſe veſicles bear, in Greek, the name of ὑδατίδες.

The accidents are nearly the ſame in both theſe kinds of dropſy. In the beginning, the diſorder is ſcarcely

ſcarcely ſenſible; and the *uterus* gradually riſes, ſwells, and becomes round, unwieldy, heavy, yielding, nevertheleſs, eaſily to compreſſion; and preſerving even ſome power of elaſtic reſolution. When the diſorder is come to a certain degree, the patients find trouble in walking; and cannot lye on either ſide.

Whatever reſemblance there may be in the ſymptoms of theſe two kinds of dropſy, the cauſes, which produce them, are really different; and it is, conſequently, neceſſary to explain them ſeparately.

§. II. *Cauſes of the* aſcitic *dropſy.*

Since the aſcitic dropſy is a collection of lymph, or lymphous *ſerum*, in the cavity of the *uterus*, it is evident, that this diſeaſe ſuppoſes always the concurrence of the two following circumſtances. The one, that the lymph, or lymphous *ſerum*, ſhould diſtil, drop by drop, into the cavity of the *uterus*, more abundantly than in the natural ſtate. The other, that the orifice of the *uterus* be cloſed; without which, the *ſerum* would run off by the *vagina*, in proportion as it ſhould be extravaſated.

I. With regard to the firſt of theſe facts, the lymph, or the lymphous *ſerum*, cannot diſtil more copiouſly into the *uterus*, except by two ways.

Either by means of exuding through the coats of the blood, or lymphatic veſſels, which ſupply the internal ſurface.

Or by means of filtration, through the lactiferous *veſiculæ*, with which this ſurface of the *uterus* is furniſhed; and which open into its cavity.

But, 1°. It is a demonſtrated point of theory, that the lymphous *ſerum*, never exudes through the blood or lymphatic veſſels, into any cavity, except when there is ſome obſtacle, that retards there the circulation of the blood, or the lymph, which compels theſe fluids to ſtagnate in their veſſels; extend their coats; dilate the pores; and make their way through by that means; at leaſt, as to the moſt thin and ſerous part.

It

It follows, therefore, from thence, that the exudation of the *ſerum*, or lymph, in the *uterus*, can only be made in the caſes, where there may be, in the internal coat of this part, ſome obſtacle capable of retarding the courſe of the blood, or the lymph: ſuch as *ſchirruſſes*, or ſchirrous tubercles; *ſteatomas*, or incyſted tumours; *ſarcomas*; moles; &c.

Inveterate obſtructions of the lactiferous *cellulæ*, are ſufficiently indicated, by the irregularity, or the untimely ſuppreſſion of the *menſes*.

The ſudden tumefaction of the ſame *cellulæ*, cauſed by the inſpiſſation of the uterine milk, which happens in conſequence of external cold, ſudden fear, or ſome unforeſeen affliction, to which the patients have been expoſed in the time of their *menſes*.

2°. The lymphous *ſerum* cannot flow into the *uterus*, by way of filtration, but through the *veſiculæ*, or uterine or lactiferous *cellulæ*: and that may happen in three caſes, which are almoſt always conjoined.

When the orifices of the veſſels, or *cellulæ*, are very open; and much relaxed: as in the *fluor albus*, when it continues a long time.

When the milky humour, that is ſeparated, is very ſerous: which happens in perſons of a phlegmatic habit.

When theſe two cauſes coincide at the ſame time: which happens almoſt always in the ſerous, and inveterate *fluor albus*.

II. As to the other fact, which concerns the ſtate of the orifice of the *uterus*, it is certain, that this orifice cannot be cloſed, but by one of the three following cauſes.

By obſtruction; when ſome mucilaginous matter, that flows from the *uterus*, is detained; and thickens ſo, as to remain fixed there.

By compreſſion; when the orifice of the *uterus* is preſt by any ſchirrous tubercle; or any calloſity, which is formed there in conſequence of a hard labour.

Laſtly, by conſtriction; when this orifice is ſtrongly cloſed, by ſome convulſive contraction; as it often happens in the hyſteric paſſion. What

What has been advanced here, on the causes of the dropsy of the *uterus*, is conformable to the observations made on the bodies of women dead of this disorder: and it may be taken as certain, that if this dropsy does not happen always in the cases that have been laid down, at least, it never does happen but in these cases.

It is easy to conclude, from this theory,

1°. That the ascitic dropsy must often happen in women, who have the *uterus* schirrous, callous, full of obstructions, and in whom the *menses* are irregular, or suppressed for a long time.

2°. That it must often happen, also, in women, who have the *fluor albus* lymphous or milky, in great abundance, and for a very long time.

3°. That the same frequently happens to women, with whom the *menses*, or the *lochia*, have been suppressed of a sudden, by cold, a fright, or some unforeseen affliction; at least, if they have not the good fortune to recover them again soon.

4°. That it is requisite, nevertheless, even in these three cases, in order to produce a dropsy, that the orifice of the *uterus* be closed at the same time, by some one of the three causes, that have been laid down: which frequently happens, but not always.

5°. That when the water, which is collected in the *uterus*, comes from the lymph contained in the blood, or lymphatic vessels, pressed through their coats, it is clear, and limpid; and more or less yellow, and acrid, according as the blood, which affords it, is more or less bilious, or more or less acrid.

6°. But that, if these waters come from the lactiferous vessels of the *uterus*, by way of filtration, they will be white, milky, resembling unclarified whey; as Zacutus [1] says, he observed; which will be more or less apparent, according as the uterine milk shall be more or less serous.

[1] Prax. admir. Lib. ii. Observ. 152.

7°. That,

7°. That, in this laſt caſe, theſe waters, in conſequence of being expoſed to the heat of the *uterus*, will contract ſome putrefaction, and become turbid, muddy, and fetid; particularly if ſome veſſels, too much opened, ſuffer any drops of blood to eſcape: which happens ſometimes, according to the account related by Schenckius [1].

8°. That the *menſes* muſt be ſuppreſt in the aſcitic dropſy, as well as in that which proceeds from a *ſchirrus*, *ſteatoma*, or *ſarcoma*; moles, or old obſtructions of the *uterus*; of which the ſuppreſſion of the *menſes* is a conſequential ſymptom; as in that, which has for its cauſe there laxation of the lactiferous *cellulæ*; which, from their not ſwelling, do not cauſe the veinous appendices to tumefy, nor produce menſtruation.

There is a phyſician [2], nevertheleſs, who relates, in his obſervations, as a ſingular caſe, that a woman, who had a dropſy of the *uterus*, continued to have the *menſes* regularly. But this author gives the reaſon for his account; by adding, that, in this woman, the *menſes* did not come from the *uterus*, but the bottom of the *vagina*.

9°. That an explanation may be eaſily given of the account of Fernelius [3], who affirms, that a woman afflicted with a dropſy of the *uterus*, voided the waters every month, at the approach of the *menſes*; and to ſuch a quantity, as to fill ſeven or eight baſons: after which, the *menſes* came as uſual; and, when they ceaſed, the dropſy returned to be diſcharged again, in the ſame courſe, at the approach of the *menſes*. For it is apparent, that, in this woman, who continued to have the *menſes*, becauſe the whole of the *uterus* was not affected, the approach of the *menſes* irritated the *uterus* to contractions, which forced the obſtruction at the orifice; as it may thence be ſuppoſed not to be great: but the *menſes* ceaſing, the orifice

[1] Obſervation. Medicinal. *hiſtor. mirabil.* Lib. iv. cap. 25.
Lib. iv. Obſerv. 220.

[2] Marcellus Monatus, *Medic.* [3] Patholog. Lib. vi. cap. 15.

cloſed

cloſed itſelf anew: and the dropſy returned again; and laſted till the approach of the next *menſes*.

10°. Laſtly, that in pregnancy, where the circulation of the blood is conſtrained in the veſſels of the interior part of the *uterus*, by the largeneſs, and the weight of the child, there muſt be often ſome eſcape made of *ſerum*, or of lymph, in the interſpace of the *uterus*, and the coverings of the *fœtus*: and this is confirmed by experience. Theſe waters force their way the firſt in delivery, as ſoon as the *uterus* opens; and they are known, by our midwives, under the name of *eaux ſauvage*. Sometimes they are ſo abundant in women of a bad habit, that they cauſe a true dropſy: which appears alarming: but they are favourably diſcharged at the time of delivery, and ſerve only to facilitate it; provided the woman in labour is not too much weakned.

§. III. *Cauſes of the* hydatic *dropſy.*

In this kind of dropſy, the cavity of the *uterus* is full of a great number of veſicules, or hydatids, formed by a thin fine coat, filled with a lymphous *ſerum*; ſometimes united together, in the figure of a great bunch, and adhering to the internal ſurface of the *uterus*, by one common pedicle; ſometimes diſtributed into ſeparate diviſions, fixt each to the inſide of the *uterus*, by diſtinct pedicles; and ſometimes rolling in the *uterus* by pairs, or ſeveral joined together, without being fixt to any part. They are of various magnitude, from that of a grain of millet, to that of a pigeon's, or even a hen's, egg; containing, generally, a limpid and tranſparent *ſerum*, which ſometimes concretes with the heat of the fire, and ſometimes diſſipates without concreting. They are, moreover, ſometimes full of a fluid, that is turbid, muddy, and purulent: and, in this caſe, they are, for the moſt paſt, lacerated, or ready to be ſo.

There is a certain account of this kind of dropſy in Ætius [1], to whom it appeared, that no attention had,

[1] Medicinæ contractæ, Tetrabibl. iv. Sermon. iv. cap 79.

for a long time, been given to it: but, at length, the opening of dead bodies has given a true light to phyſicians on this article; and, they are agreed, that this kind muſt be ranked among the dropſies of the *abdomen*.

All the difficulty that remains, is to explain the production of this collection of hydatids, on which I have obſerved [1], in the Treatiſe *on ulcers and tumours*, that there was reaſon for great perplexity, concerning it, ſo long as they were ignorant of the exiſtence of lymph, the ſtructure and diſtributions of its veſſels, and the courſe of its circulation: which I have ſupported by the inſtance of Ætius himſelf, and Fernelius. But the new diſcoveries that have been made, in anatomy, on this head, have greatly conduced to our information.

I have proved in the treatiſe above quoted, and to which it is proper to refer thoſe, who may deſire further particulars, that theſe hydatids were formed by the dilatation of ſpaces or intervals, which are found in the lymphatic veſſels, between the ſygmoid or demilunar valves, that go croſs them. As theſe ſpaces or intervals are in great number, in the length of each lymphatic veſſel, as well as the veſſels themſelves, in the internal coat of the *uterus*, it is not a matter of wonder, that there ſhould be formed upon this coat, a conſiderable quantity of hydatids, ſo as to fill, and even to diſtend the cavity of the *uterus*.

Theſe hydatids adhere all together, in the manner of a bunch, and are connected with the *uterus* by a common pedicle, when they begin to be formed in the ſame place: and they form in diſtinct ſets, which adhere each to the *uterus*, by their own pedicle, when the formation of them is begun in different places.

Theſe pedicles, which connect theſe ſets of hydatids to the *uterus*, are the remains of the internal coat; which has been torn in their formation; and the particular pedicles, that unite theſe *veſiculæ* with each other,

[1] Livr. iii. chap. 2. pag. 459.

are

are the remains of the lymphatic veſſels themſelves. If it happen, ſometimes, that there are, in the *uterus*, any *veſiculæ*, that are rolling and looſe, it does not reſult from their growing ſo, but from the pedicles being torn off, that connected them either to other hydatids, or to the *uterus*.

The ſize of theſe hydatids varies according to the growth they have attained. Their cavity is full of a clear and limpid fluid, or, in other words, of clear lymph; which, when it is of a thick conſiſtence, concretes by the heat of the fire, and, on the contrary, diſſipates by it, when it is ſerous.

Laſtly, the heat of the *uterus* alters, and ſometimes corrupts this fluid; particularly when charged with heterogeneous parts; and then it becomes turbid, muddy, purulent, and fetid; and brings on a putrefaction in the *veſiculæ*, that contain it.

After theſe explanations; there is nothing wanting further, except to aſſign the cauſes, which may produce, in the lymphatic veſſels of the *uterus*, a ſtagnation of lymph, capable, by dilating the intervals of the knots of theſe veſſels, of giving riſe to the formation of the hydatids.

But it is evident, that theſe cauſes are abſolutely the ſame, as thoſe to which is before attributed, in the foregoing article, the ſtagnation of blood, which produces the aſcitic dropſy of the *uterus:* with this difference, nevertheleſs, that theſe cauſes muſt act with greater force, to ſtop the blood, of which the circulation is more vigorous, and the elaſticity of the veſſels greater, than the lymph, of which the courſe is very ſlow, and the veſſels yield eaſily to compreſſion.

What has been ſaid above, in the preceding article, may be therefore applied here: and among the cauſes, which give riſe to the ſtagnation of the lymph, and to the formation of the hydatids in the *uterus*, may be reckoned,

1°. *Schirruſſes*, ulcers, *ſteatomas*, *ſarcomas*, and moles of the *uterus:* and from thence it proceeds, that theſe

diſorders are frequently attended with hydatids; though, to ſay the truth, theſe tumours generally cauſe too ſtrong a compreſſion, which bears upon the blood-veſſels, and produces the aſcitic dropſy, rather than the hydactic.

2°. The ſudden repletion of the lactiferous *cellulæ*, which happens in conſequence of the accidents mentioned in the ſame place; and which, when it is moderate, cauſes, in the *cellulæ*, only a ſlight tumefaction, that may be ſufficient to ſtop the courſe of the lymph, and cauſe an hydatic dropſy; but is not capable of ſtopping the courſe of the blood; nor, conſequently, of giving riſe to the formation of an aſcitic dropſy.

Moreover, in the hydatic dropſy, the orifice of the *uterus* is almoſt always cloſed, in the ſame manner as in the preceding; and by the ſame cauſes. But it muſt, nevertheleſs, ſometimes remain open: if the fact be admitted to be true, that there have been inſtances of women, afflicted with this diſorder, from whom hydatids, which did not adhere to the *uterus*, have come away by the *vagina*.

§. IV. SYMPTOMS.

1°. In both theſe caſes of dropſy, the *uterus* ſwells, and becomes heavier from day to day, in proportion as the diſeaſe augments: and in both, the body of the *uterus* remains equally ſpherical; and yields eaſily to compreſſure.

2°. When the body of the *uterus* is very great, and heavy, the patients find a trouble in walking; and cannot lye on either ſide; becauſe of the dragging down, which the *uterus* ſuffers in this ſituation.

3°. There is, in both theſe kinds of dropſies, a ſuppreſſion of the *menſes:* which may proceed, either from the cauſes that produce them; and, from their own nature, ſuppreſs the *menſes*; or from the diſtenſion of the *uterus*, that prevents the elongation of the veinous *appendices*, through which the menſtruation muſt be made: or, in ſhort, from the permanent repletion

pletion of the lactiferous *cellulæ*; which does not permit them to compress, periodically, the veinous vessels; without which, menstruation cannot be effected.

4°. Barrenness is a necessary consequence of this state of the *uterus:* as well because, that its orifice being closed, the *semen* cannot find a passage into its cavity; as because, that it cannot penetrate into the too close texture of the *uterus*, even though it should be introduced into the cavity.

5°. The body of the *uterus*, when inlarged to a certain degree, compresses the internal veins, that return from the *vulva*, and the iliac veins, that carry back the blood from the interior extremities; which occasions the blood, detained in these parts, to depositit there the *serum*; and produces the swelling, and the *œdema* of those parts.

6°. In the ascitic dropsy, when the *uterus* is struck on either side, the stroke is perceived on the opposite side, if the hand be held there. This is called, improperly, *fluctuation*; but which it would be better to call *counter-stroke*, in Greek, ἀντιτυπία. This counter-stroke comes from the continuance of the column of water, which extends from one side of the *uterus* to the other, in this kind of dropsy. It cannot, however, be perceived in the hydatic dropsy: because the column of water is intercepted by the separation of the *vesiculæ*, or hydatids, which breaks, and even extinguishes the force of the stroke, and hinders it from being transmitted to the opposite side.

§. V. Diagnostic.

It is easy to distinguish, the two kinds of dropsies of the *uterus* from all the other tumefactions, to which this part is subject.

1°. From inflammation; where there is always pain, heat, and fever; which never attend dropsies.

2°. From *schirrusses*; where the *uterus* is found unequal, hard, and resisting; whereas, in the drop-

ſies, it is round, equal, and uniform; and yields eaſily to compreſſure.

3°. From *ſteatomas*, and *ſarcomas:* becauſe that, in thoſe tumours, the *uterus* reſiſts much more to the compreſſion than in the dropſies: and that, moreover, in thoſe tumours, there is no counter-ſtroke; which is eſſential to the aſcitic dropſy, the moſt common of the two kinds.

4°. From the *tympanitis* of the *uterus:* becauſe that, on one hand, in the *tympanitis*, the counter-ſtroke is not felt in ſtriking the *uterus*, as in the aſcitic dropſy; and that, on the other, the *uterus* is not heard to ſound in the two dropſies, as in the *tympanitis*.

5°. From the dropſies of the *abdomen*; on account, that in the dropſy of the *uterus*, the tumour is circumſcribed in the *hypogaſtrium:* whereas, in that of the *abdomen*, it takes up the whole extent of the belly.

6°. Laſtly, the aſcitic dropſy of the *uterus* is diſtinguiſhed from the hydatic, by the counter-ſtroke, that is felt in the aſcitic; and not in the other; as has been already ſaid.

7°. With regard to the diagnoſtic criterions, which ſerve to diſtinguiſh the dropſies of the *uterus* from pregnancy and moles, it ſeems moſt proper to refer them to the chapters where moles and pregnancy will be treated of.

§. VI. PROGNOSTIC.

I. It is very difficult to cure the dropſy of the *uterus*; becauſe the waters are contained there in thick and cloſe membranes; which impede its being reabſorbed. It is known, that among the dropſies of the *abdomen*, that which is called the *hydrops ſaccatus*, where the waters are contained in the foldings of the *peritonæum*, is the moſt difficult to be cured: and it may, from that inſtance, be judged, what ought to be concluded on the dropſy of the *uterus*.

II. The dropſy of the *uterus* is always dangerous, with relation to the cauſes on which it depends: for it

it always ſuppoſes ſome latent depravity of the *uterus*, which is very difficult to be removed, or corrected: and which, as long as it ſubſiſts, occaſions the hazard of a quick relapſe of the diſorder, when it is believed to be cured.

III. The dropſy of the *uterus* is always dangerous, with relation to its conſequences: becauſe it is conſtantly producing a greater change in the *uterus*; brings on the *œdema* of the lower extremities: and, at laſt, throws the patient into a ſlow fever, and *maraſmus*.

IV. It may, therefore, be concluded, that the dropſy of the *uterus* is a difficult, dangerous, and, very often, mortal diſeaſe: and experience only too much confirms the rightneſs of this prognoſtic.

V. Moreover, the hydatic dropſy is more dangerous than the aſcitic: becauſe that, on one hand, the water incloſed in the hydatids is more difficult to be reabſorbed, than when it floats in the *uterus*; and, on the other, there is not the ſame reſource for the cure of this diſorder, as for the aſcitic: which will be preſently ſhewn, in ſpeaking of the method of cure.

§. VII. *Method of cure.*

In the treatment of the dropſy of the *uterus*, two objects muſt be propoſed: the one to evacuate the waters that form it, by the moſt ſafe way: the other, to ſtrengthen, afterwards, the elaſticity of the *uterus*; and correct the depravities that have given cauſe to the eſcape of the *ſerum*; in order to prevent, by this means, the return of the diſorder.

To effect the firſt of theſe intentions of cure, different methods are employed to evacuate the waters.

I. By the way of urine. II. By the way of ſtool. III. Laſtly, even by the orifice of the *uterus* itſelf.

I. In order to evacuate the water by urine, the ſame diuretics are employed, as are made uſe of in the dropſy of the *abdomen:* ſuch as the following.

1°. Broths, or apozems, made with the ſeveral diuretic plants; as,

ROOTS.

Eryngo, Aſparagus, Butchers broom, Reſt harrow, Birth wort, Madder, Smallage, Parſley, Swallow wort,	One ounce.
Ellicampane, Aſſarabacca, Dwarf elder, Iris,	Half an ounce.

LEAVES.

Calamint, Smallage, Horehound, Hyſop, Angelica, Water creſſes, Chervil, Fennel,	A handful; or a handful and half.

FRUITS.

Winter cherry, or *Alkekengi*,	A dram; or a dram and half, in decoction.

BERRIES.

Buckthorn,	From ſix, to ten or twelve berries, in decoction.
Juniper,	Half a handful, in decoction.

BARKS.

Caper tree, Aſh, Elder, Tamariſk,	Half an ounce.

FLOWERS.

FLOWERS.

Broom, Elder, Dwarf elder,	Several times as much as can be held betwixt the finger and thumb.

With four or five of these simples, chosen at discretion, broths, or apozems, are made: which are passed over twenty or twenty-five *millepedes*, pounded; and to which are added, the aperitive salts; as the martial soluble tartar, salt of tartar, *sal de duobus*, Rivieres's salt of steel, *terra foliata Tartari*, &c. in a proper proportion: and they are given several days successively, one dose every day; sometimes two.

2°. Depurated juices, as that of chervil, in the quantity of four ounces: to which is added a dram of the *sal du duobus*, or half a dram of the *terra foliata Tartari*.

Or the juice of the root of the corn flag, in the quantity of two ounces, sweetned with an ounce and half of manna, dissolved in it.

3°. Of *lixivia*, that are made with the ashes of
the cods of marsh trefoil,
the branches of broom,
juniper wood,
vine twigs.

Two or three drams of these ashes, sifted, are diluted with a quart of water, or of decoction of *millepedes*: and, after having stirred the mixture, the ashes are suffered to settle; and the fluid, which rises above them, is poured off, by inclination of the vessel; of which three or four doses, of three or four ounces each, are given every day, being mixt with as much white wine.

4°. Boluses made with
Æthiops mineral, or the martial flowers, in the dose of twelve or fifteen grains.
The powder of *millepedes*, in the dose of fifteen or twenty grains.

Salt of tartar, in the doſe of eight grains.
Gum Ammoniac, in the doſe of ſix or ſeven grains. The whole incorporated with the ſyrup of the five roots.

In the ſame manner is given, in the form of a powder, toads dried in an oven, in the doſe of fourteen or fifteen grains, mixt with a ſufficient quantity of the *confectio-hyacinthi*.

Much boaſt is alſo made of borax, in powder, in the doſe of half a dram, mixt with twelve grains of Oriental ſaffron; and incorporated with a little of the juice of ſavin: but I have never tried this medicine.

II. When this firſt way does not ſucceed, endeavour is made to evacuate the water by ſtool; and, to that end, are employed, the purgative hydragogues, that are uſed in the dropſy of the *abdomen:* among which, the following are the moſt ſafe, and approved:

1°. Jalap, in powder, in the doſe of, from thirty to fifty grains.

The reſin of Jalap, from ten grains to eighteen.

Diagridium, from ten to fifteen or twenty grains; of which boluſſes are made with any proper ſyrup.

The doſes of theſe medicines are regulated by the ſtrength of the patients; the effect they have already produced; and the number of them, that are employed at the ſame time.

2°. The following pills, propoſed by Hoffman; of which the effect is very certain.

℞. *Rad. Vincetox. pulveratæ*, gr. viij.
Scillæ exſiccatæ & pulveratæ, gr. v.
Nitri purificati, vel Cryſt. miner. pulver. gr. x.
M. cum. ſ. q. Syrupi de Rhamno cathartico. f. Bolus pro unâ doſi.

3°. The hydragogue pills of Bontius, according to the Pariſian *Codex*, in the doſe of, from twelve grains to fifteen and eighteen: of which the uſe muſt be repeated according to their operation.

4. The wine of ſquills, prepared according to the *Codex*; and given in the doſe of, from half an ounce to

to an ounce: repeating it according to the exigence of the diſorder.

5°. The ſyrup of buckthorn, in the doſe of, from half an ounce to an ounce, and an ounce and half; but generally mixt with ſome other purgative.

6°. Laſtly, gamboge, from ten grains to fifteen, or ſixteen; pounded in a marble mortar, with twenty-four grains of chryſtal mineral; and diluted in very hot broth.

Several of theſe medicines make the ſtomach riſe; and ſometimes excite vomitings: but theſe effects are eaſily quieted, by letting the patient drink ſome diſhes of veal-broth, a little fatiſh.

III. When theſe reſources fail, as often happens, there is a neceſſity to come to the third method; which, perhaps, it would have been beſt to have perſued at firſt; that is, to ſoften and relax the orifice of the *uterus:* and, by that means, to diſpoſe it to open of itſelf for the diſcharge of the water: or, at all events, to introduce there a hollow catheter, by which they may have a certain paſſage.

To this end are uſed,

1°. Injections into the *vagina*, with the emollient decoction of mallows, yellow mallows, *acanthus*, &c: to which is even added, the mucilage of linſeed, and of fleawort: cautioning the patients to place themſelves in the moſt proper poſture, in order to retain the injection longer.

2°. Fumigations in the perforated chair; by which is received, with the aſſiſtance of a funnel, the vapour of the ſame decoction: taking care to avoid too great heat.

3°. The introduction of ſmall fine ſponges, or of thick, but ſoft pledgets, tied to a thread, and dipt in mucilage of linſeed, and fleawort, that are conveyed to the orifice of the *uterus*; and renewed twice every day.

4°. When there is reaſon to believe, that the orifice of the *uterus* is ſufficiently ſoftened, ſome ſtrong concuſſions are given to the *uterus*, to make the weight of the water force the paſſage. In this view, the

the patient takes a vomit; or is made to ſneeze: and ſhe ſhould leap, at leaſt from one of the ſteps of a ſtair-caſe to another, with her feet kept together. She ſhould, alſo, be excited, by irritating glyſters, to make a ſtraining to go to ſtool: and acrid peſſaries ſhould be introduced into the *vagina*, to cauſe contractions in the *uterus*. After all, a midwife ſhould be ordered to introduce her finger into the *vagina*, and by puſhing, or rubbing, the orifice of the *uterus*, to endeavour to open it; which ſometimes ſucceeds.

5°. When all theſe trials have been ineffectually made, there ſhould be no heſitation, to introduce into the orifice, a ſtraight hollow catheter, terminated by an olive-ſhaped button, cloſed at the end, and open at the ſides. It is found practicable to introduce into the *urethra* of men, which is winding, much more long, and ſometimes alſo turning the contrary way, a hollow catheter: which is, moreover, only to be done, by thruſting it in an oblique direction. How much eaſier muſt it be, therefore, to introduce a ſimilar catheter into the orifice of the *uterus*, where there is the advantage of paſſing it in a direction intirely ſtreight.

6°. By this means the whole of the water may be evacuated. If it appear to be clear, the catheter may be drawn out again: but if it be turbid, or fetid, injections into the *uterus*, with the decoction of the root of birthwort, ſhould be made by means of the catheter, till it be judged that the interior ſurface of the *uterus* be ſufficiently deterged.

7°. Of what quality ſoever the water may be, injections, with the mineral waters, may be made for ſome days, to ſtrengthen the elaſticity of the *uterus*; and to keep the orifice open. The waters of Barege would be the beſt; but in default of them, thoſe of Bourbon, Bourbonne, Balaruc, or Plombieres, may be uſed.

8°. Laſtly, endeavours muſt be made, at the ſame time, to remove the cauſes, that have given riſe to the dropſy; or, in other words, to overcome the obſtructions by the aperitive remedies, that have been propoſed

propoſed in the firſt article of theſe conſiderations on the method of cure: to correct, as much as poſſible, the other vitiations by proper medicines; and particularly, to bring back the *menſes* in the women, who are yet of an age to have them, by emmenagogues: on which *Chapter IV.* of *Book I.* may be conſulted.

IV. With regard to the hydatic dropſy, the introduction of the catheter, to evacuate the waters, would be of no effect: becauſe they are contained in particular bladders. If the ſucceſs ſhould even be had of burſting ſome of theſe hydatids, the relief obtained from it would be very moderate: conſidering the number of thoſe which would remain. Therefore, being ignorant of any means of deſtroying the hydatids, I am of opinion, this dropſy ſhould be regarded as truly incurable. Happily, it is a very rare caſe: and experience has ſhewn, that it may be ſuffered a long time, without inconvenience.

CHAP. IX.

Of the tympanites *of the* uterus.

§. I. Description.

IT ſometimes happens, that the *uterus* ſwells, riſes, and appears of a plump roundneſs, as in a dropſy, without the patients complaining of any weight, or pain. In this ſtate, the counter-ſtroke, or *antitypia*; or, as it is commonly called, the fluctuation, that is felt in the aſcitic dropſy, is not to be perceived in the tumefied *uterus:* but, on ſtriking, it is heard to reſound as a drum, *tympanum:* which has occaſioned the giving to this tumefaction the name of *tympanitis.*

In this ſtate the *menſes* fail; and this ſuppreſſion, joined to the ſwelling of the *uterus*, has often perſuaded patients, that they were pregnant: even ſo as

to

to induce them to call in their midwife to deliver them. But this delivery has had no other conſequence, than to cauſe ſome great burſts of wind through the *vagina*; ſometimes dry; and at others, followed by the diſcharge of a fluid, in ſome caſes ſerous, and clear; and in others, turbid, muddy, and fetid.

This is the true *tympanitis:* or the *permanent tympanitis:* which, as appears, is a collection of wind, detained in the cavity of the *uterus*, ſometimes without the accompaniment of any fluid; and ſometimes attended with a fluid, that is diſcharged when the wind eſcapes. This diſorder happens but ſeldom: and the accounts, that are found of it, are not in great number.

There is a diſorder of a ſimilar nature, and more common, which happens to ſome women, who enjoy otherwiſe a good ſtate of health; but who void, from time to time, wind by the *vagina*, when they bend their body forwards; make any over great contorſion; or put themſelves into any bending poſture, where their belly is compreſt. But the wind, they void in this caſe, is leſs in quantity, and comes out with leſs impetuoſity; and, generally, without being accompanied with any other diſcharge. This laſt diſorder bears the name of the *momentary tympanitis.*

As theſe two kinds of *tympanites* differ from each other, it is proper to treat of them ſeparately: and we ſhall ſpeak likewiſe, in a diſtinct article, of the tumefaction which commonly reſults from deliveries badly managed.

ARTICLE I.

Of the true or permanent tympanitis.

§. I. CAUSES.

IT would be too prolix here, to enumerate what the antient phyſicians have invented, in order to explain the production of the wind, which fills the *uterus*

uterus in the *tympanitis*; and this detail would, moreover, be very uſeleſs. For all, they have ſaid upon it, is abſolutely devoid of the leaſt foundation. It ſuffices to remark, that the permanent *tympanitis* of the *uterus* does not commonly happen, but in the concurrence of the two following circumſtances.

1°. When, after delivery, the *parietes* of the *uterus*, inſtead of reinſtating themſelves; and, in ſo doing, deſtroying the exiſtence of the cavity; remain ſtiff, and diſtended; and incloſe, therefore, a great void in the *uterus*; which is, of courſe, filled up by the external air.

2°. When, in this caſe, the orifice of the *uterus* cloſes, and ſhuts itſelf up exactly, ſo as not to permit the exit of the air, that is incloſed in its cavity; and which, for want of any paſſage out, is obliged to remain there.

At firſt, as no diſorder is perceived, no care is taken of this circumſtance. It is looked upon as a conſequence of pregnancy, which has left the *uterus* a little tumefied; and it is taken for granted, that it will be diſperſed on the firſt appearance of the *menſes*, which is patiently waited for.

But when it is perceived, that ſome months are paſt without the *menſes* returning; and that it is begun to be examined more attentively, the hypogaſtric region is found to be round, riſing, and diſtended; which, joined to the ſuppreſſion of the *menſes*, perſuades the patients, that they have conceived; eſpecially when they are poſſeſt with a ſtrong deſire to have children.

On this footing, to account for this diſeaſe, there is nothing more wanting, than to fix on the cauſes of the two circumſtances, which, as has been ſaid before, muſt concur, in order to its production.

With relation to this, I. It is certain, that the *parietes* of the *uterus* cannot, after delivery, remain ſtiff, and diſtended, ſo as to leave a void ſpace betwixt them, except by one of theſe two cauſes. The *firſt* is, becauſe the *parietes* are in a ſtate of *phlogoſis*; which, on account of the tumefaction of the veſſels, does

does not permit them to ſink into their places; and approach each other as uſual. The *ſecond* is, becauſe the *parietes* are in a ſtate of *erethiſmus*, or of imperfect convulſion; which produces nearly the ſame effect. Theſe two circumſtances of the *parietes* of the *uterus*, are the uſual conſequences of difficult and hard labours; where the *uterus* has ſuffered greatly; and has been kept a long time in a ſtate of violent contraction; from whence it reſults, that they concur almoſt always together.

II. It is, in like manner, certain, that the orifice of the *uterus* does not cloſe, at the ceſſation of the *lochia*, in the two ſtates of the contiguous parts before ſtated; becauſe the *phlogoſis*, or the *erethiſmus*, communicate themſelves thither: which muſt happen often under theſe circumſtances.

III. Laſtly, it is certain, from conſtant obſervation, that the true *tympanitis* has ſometimes come on in women, who, having their *menſes* in a copious manner, are expoſed to exterior cold, which ſuddenly ſeizes them. It is eaſy to perceive, that, in this caſe, the *parietes* of the *uterus* being diſtended, and the *uterus* itſelf dilated, the air may inſinuate itſelf there, and fill the cavity: and that, afterwards, the orifice cloſing itſelf ſuddenly, by the effect of cold, the air may remain there incloſed, unleſs the orifice ſhould open, which does not always happen.

It follows from thence, 1°. That the true *tympanitis* of the *uterus* does not happen commonly, but in conſequence of a labour, or a miſcarriage: and experience confirms the ſame.

2°. That it cannot even happen, in this caſe, but after a difficult, hard, and painful labour, where the *uterus* has ſuffered much, and has been very greatly irritated: and this, alſo, is confirmed by experience.

3°. That it muſt, nevertheleſs, ſometimes happen, as accounts verify, when a woman is expoſed to ſudden cold, or dips her feet in cold water, in the time of her *menſes*, eſpecially if they be copious; but in

this caſe, which is rare, the *tympanitis*, that is brought on, is ſcarcely ever conſiderable.

§. II. SYMPTOMS.

1°. The true *tympanitis* conſtrains the motion of the body in the ſame manner as the dropſy; and hinders it from eaſily bending forwards: but as there is nothing in the *uterus* but air, it cauſes neither pain, heat, nor ſenſe of weight.

2°. The patients may, conſequently, lye free from any uneaſineſs on either ſide, without the weight of the belly cauſing any ſenſible dragging.

3°. As the air, which is in the *uterus*, preſſes the internal ſurface of it, the lactiferous *cellulæ*, and the veinous *appendices*, cannot tumefy, and dilate themſelves, as is requiſite for menſtruation; according to what has been eſtabliſhed above, *Book I. Chapter II*; and, conſequently, the *menſes* muſt be ſuppreſt.

4°. Sometimes, in this ſtate, there does not diſtil into the *uterus*, either any *ſerum* from the veſſels; becauſe the circulation of the blood, and lymph, is not obſtructed in its proper courſe; nor any humour of the lactiferous *cellulæ*, becauſe they are ſtopt up: and, in this caſe, the *tympanitis* muſt be dry; that is to ſay, formed by air alone, without any mixture of fluid. Such are the *tympanites* obſerved by diffent writers [1], which are cited at the bottom of the page.

5°. At other times, the blood, and lymphatic veſſels of the *uterus*, too full of blood and lymph, which ſtagnate there, ſuffer the *ſerum* to exude: or ſome lactiferous *cellulæ*, badly ſtopt, are in ſuch ſtate, as to

[1] Valeſcus de Taranta, *Philonii*, Lib. vi. cap. 15.
Matthæus de Gradibus, *Comm. in Nonum Rhaſis*, Cap. *De Molâ*.
Thadæus Dunus, Lib. *Miſcellaneorum*, cap. 8.
Rembertus Dodonæus, *Obſervat. Medicinal.* 49.
Mauritius Cordæus, Comm. 3. *in* Lib. i. *De Mulieribus Hippocratis*.
Philippus Hœchtetterus, Decad. v. Obſervat. 4.
Ambroiſe Paré, Liv. xxv. chap. 34.
Philippus Salmuthus, Cent. ii. Obſ. 57.
Reinerus Solenander, *in Conſil. Medicinal.*

ſuffer

ſuffer the milk to run out; and, in this caſe, the *tympanitis* will be *humid*; that is to ſay, formed not only by air, but alſo by lymphous or milky humours, ſometimes clear, and ſometimes turbid; which are diſcharged after the air. Such are the *tympanites* obſerved by the authors [1] cited at the bottom of the page.

6°. The patients cannot conceive while the *tympanitis* continues: becauſe the orifice of the *uterus* is intirely ſtopt up. It is not, moreover, uncommon, that they remain, for ſome time, incapable of it, after the *tympanitis* is cured: becauſe there muſt be time for the interior part of the *uterus* to grow ſoft again, when it has been deſiccated by the dry *tympanitis*; or dry, when it has been rendered too ſoft by the humid.

7°. In both kinds of *tympanites*, the patients are, for the moſt part, ſubject to the accidents of the *chloroſis*, or rather, perhaps, of pregnancy; on account of the ſuppreſſion of the *menſes:* which does not a little contribute to their ſuſpicions of being pregnant.

8°. In the true *tympanitis*, the *uterus* is exactly round: which is the figure it muſt neceſſarily take, by being equally diſtended by the air incloſed; and it reſounds like a drum, when it is ſtruck. Laſtly, it inlarges or diminiſhes its volume, accordingly as the patients are hot, by being near the fire, or in bed; or as they are expoſed to cold; which proceeds, as may be concluded, from the rarefaction of the air contained in the *uterus*, that the heat cauſes; or the condenſation, that the cold produces.

There is only one objection, that can be oppoſed to the theory of the true *tympanitis* as above explained: which is, that there are inſtances of it, where the *uterus* acquires a great magnitude; which cannot ariſe from the moderate quantity of air, that may be introduced after delivery.

[1] Alexander Benedictus, *De curandis morbis*, Lib. xxv. Chriſtophorus à Vega, *Art. Medend.* Lib. iii. ſect. 10. cap. 32. Laurentius Joubertus, Cap. 13. *De urinis.*

But,

But, 1°. The fact advanced is not well averred. I have seen only one instance of the true *tympanitis*; and there the *uterus* was not larger than in a woman who has conceived three or four months. It is true, the magnitude varies a little; but that proceeds only from the rarefaction, or condensation, of the air confined in the *uterus*, accordingly as the patient is exposed to heat, or cold.

2°. If it be true, that there are *tympanites*, where the *uterus* may have a considerable bigness, that can respect only the humid kind; that is to say, such as is complicated with the ascitic dropsy; and then the bigness of the *uterus* arises from the quantity of water, that it contains; and not from the quantity of air: which can suffer no augmentation in the cavity.

§. III. DIAGNOSTIC.

I. The true, or permanent *tympanitis* of the *uterus*, agrees, as to its magnitude, with all the other tumefactions of the *uterus:* with the *schirrus*, the *steatoma*, the *sarcoma*, the dropsy, pregnancy, and moles: but it differs from them, by other particulars, which are easily distinguished.

Thus, 1°. It differs from the *schirrus*; because, in the *schirrus*, the tumour of the *uterus* is unequal, angular, hard, and resisting; whereas, in the *tympanites*, the tumour is round, soft, uniform, and yielding easily to compressure.

2°. It differs from the *steatoma*, or the *sarcoma*, on account, that in these tumours the *uterus*, though less hard than in the *schirrus*, is much more so than in the *tympanites*; and that the patient is sensible of a weight in the hypogastric region, which is not felt in the *tympanites*.

3°. It differs from the ascitic dropsy, in that, on the one hand, in the dropsy, by striking on the belly, the fluctuation, or, to speak more properly, the counterstroke of the waters, is felt; whereas, it is never felt in the *tympanites:* and, on the other, in the *tympanites*, the belly resounds, when it is struck; which is

never obſerved in the dropſy. By this laſt criterion, the *tympanites* may be eaſily diſtinguiſhed from the *ſchirrus*, the *ſteatoma*, and the *ſarcoma*.

4°. As to the diagnoſtic ſymptoms, which ſerve to diſtinguiſh the *tympanites* from pregnancy, and moles, it is moſt proper to refer them to the *chapters*, where *pregnancy*, and *moles*, are treated of: becauſe what will be ſaid there, will render them more intelligible.

II. It were to be wiſhed, in order to render the diagnoſtic perfect, there were means of diſtinguiſhing from each other, the two kinds of true *tympanites*: that is to ſay, the dry *tympanitis*, and the humid. But this diagnoſtic is not poſſible: and, indeed, it is ſcarcely neceſſary, either for the prognoſtic, or for the cure of the diſorder.

§. IV. PROGNOSTIC.

1°. As the *tympanitis* ſuppoſes always a conſtant obſtruction in the orifice of the *uterus*, which prevents the egreſs of the air, it is apparent, that the ſame obſtruction muſt prevent the ingreſs of the *ſemen*; from whence it reſults, that the *tympanitis* is a certain cauſe of barrenneſs.

2°. In the dry *tympanitis*, the air, which fills the *uterus*, dries and hardens it; and, at length, renders the internal ſurface callous: and, in the humid *tympanitis*, the *ſerum*, which ſtagnates there, acts on the internal ſurface, and brings a ſlight putrefaction on it, when continued for a long time.

Therefore, the *tympanitis* of long ſtanding, may have, at laſt, bad effects on the *uterus*: or, at leaſt, impair its fecundity, in caſe even the diſorder itſelf ſhould be cured.

3°. It is certain, nevertheleſs, from obſervation, that women may have theſe diſeaſes a very long time, without being materially incommoded; or, at moſt, not ſo much ſo, as by the dropſy: which holds good, particularly of the dry *tympanitis*.

4°. Never-

4°. Nevertheleſs, it is beſt to obtain a cure as ſoon as it is practicable. This ſhould not be fruitleſsly attempted, by the way of reſolution: becauſe it is impoſſible, that the air, which is in the *uterus*, can ever be re-abſorbed by its veſſels. The only means to cure this diſorder is, therefore, to procure the exit of this air through the orifice of the *uterus*.

5°. Sometimes this favourable event is owing to chance only, by ſome compreſſion, contorſion, or motion of the body, which forces the obſtruction in the orifice of the *uterus*. Often the fingers of midwives, who have been called under the notion of a labour, have contributed to it: as appears [1] from ſome accounts. But too much ſtreſs muſt not be laid on ſuch lucky accidents; and, as ſoon as the diſorder is diſtinguiſhed, it is proper to take meaſures to cure it effectually.

§. V. *Method of cure.*

As it is certain, that air incloſed in the cavity of the *uterus*, cannot be re-abſorbed, and diſperſed by the way of reſolution, it is of no avail to employ aperitives, diuretics, and carminatives, which all the antients recommend: but endeavours muſt be made, to procure an exit for the air, through the orifice of the *uterus*: and in order to that, to effect the three following intentions of cure: after which it muſt be attempted, to correct the faults of the *uterus*, that have produced the diſorder.

I. The firſt intention is to relax, and ſoften the orifice of the *uterus*, in order to prepare it for dila-

[1] Valeſcus de Taranta, Philonii Lib. vi. cap. 15.

Matthæus de Gradibus, *in Comm. ad Caput de Molâ*, idem refert de uxore ſuâ.

To which may be added, the following verſes on a ſimilar caſe, related by Jaſon Pratenſis, *Libell. de Pariente & partu*, cap. 2.

Venter cùm tumuiſſet Acciellæ
Septem menſibus & novem diebus,
Cæpiſſetque lien parùm dolere,
Acciri jubet illicò obſtetricem,
Quæri faſciolas & apparari,
Sperato puerum editura partu;
Mox inter medias manus miniſtræ,
Laxo poplite, cruribus levatis,
Lucinam ingeminans quater pepedit.

tation. To this end are employed, as has been mentioned above, in the caſe of dropſies, 1°. Warm half bathings, in the decoction of the roots, and leaves, of mallows, and *acanthus:* and the patient muſt be even exhorted, to puſh forwards into the *vagina*, the water of the half bath, by the means of a fine ſmall ſponge, or a roll of half worn linnen.

2°. Warm injections, with the ſame decoction; to which may be added, ſome of the mucilage of linſeed, or of *pſyllium.* In making theſe injections, the patient muſt be put into that poſture, which is moſt proper for retaining the injection a long time.

3°. Fumigations, in the perforated chair, by which means the warm vapour of the ſame decoction ſhould be conveyed into the *vagina*, by the help of a funnel.

4°. Laſtly, what is more efficacious ſtill, and leſs incommodious, peſſaries, formed of linnen much worn, rolled tightly into lengths, but ſoft and fringed at that end which muſt touch the orifice of the *uterus*, dipt in the ſame decoction; or, if it be more approved, of ſimple mucilages of linſeed and *pſyllium.* Uſe may be alſo made, inſtead of theſe peſſaries, of large doſſels of lint, tied with a thread, ſoaked in the ſame fluid, and conveyed to the bottom of the *vagina*, or the neck of the *uterus.*

II. The ſecond intention is, to force the opening of the orifice of the *uterus*, when it is judged to be ſufficiently ſoftned; and, to effect that, it is neceſſary to tranſmit thither, ſome briſk concuſſions. 1°. By making the patient vomit, or ſneeze; by procuring ſtraining efforts to ſtool, by irritating glyſters; by introducing into the *vagina* acrid peſſaries, which excite the contractions of the *uterus*; by making the patient jump; and, laſtly, by ordering the midwife to put her finger into the *vagina*, and to thruſt, ſtir, and move, gently, the neck of the *uterus*, to procure the opening of it.

2°. If ſucceſs do not follow the firſt attempt, the uſe of the emollients may be repeated, and recourſe

afterwards had a ſecond, and even a third time, if it be choſen, to the means before propoſed for forcing the obſtruction, which keeps the orifice of the *uterus* cloſed. But theſe means, that often ſucceed in the dropſy of the *uterus*, have not the ſame ſucceſs in the *tympanites:* becauſe the air, in the concuſſions that are given to the patient, does not act, with the ſame force as water, in dilating the neck of the *uterus*.

III. When theſe reſources fail, it muſt be reſolved to effect the third intention; which conſiſts in procuring a paſſage for the air, by the introduction of a hollow catheter into the orifice of the *uterus:* obſerving, in this operation, the cautions enumerated in the preceding article.

IV. After which, if nothing come out but air, injections of the roots of the yellow mallow ſhould be made, by means of the catheter, to moiſten the inſide of the *uterus*; which the preſence of the air has deſiccated; and if, along with the air, there has come out water, that is red, thick, and muddy, injections are to be made with barley water, and honey of roſes, to deterge the *uterus*; and even with the decoction of the roots of birthwort, if the waters voided were fœtid.

By theſe means, the diſeaſe is cured: but, to prevent a return, it muſt be endeavoured to correct the bad ſtate of the *uterus*, by the uſe of whey, clarified and filtred; bitter apozems, or broths; chalybeate waters; and warm baths, and half baths: and by continuing the uſe of the emollient peſſaries, to promote the ſuppleneſs and flexibility of the orifice of the *uterus*; and to hinder it from cloſing again.

ARTICLE II.

Of the momentary tympanitis.

§. I. CAUSES.

THE momentary *tympanitis* is a diſeaſe common enough; but, of which, ſome women are prevented from complaining, by an over-great baſhfulneſs. It happens when the two following cauſes concur,

1°. The tenſion or rigidity of the *parietes* of the *uterus:* which, keeping at a diſtance from each other, leave a void ſpace between them. 2°. The tenſion or rigidity of the ſubſtance of the orifice of the *uterus*, which prevents it from cloſing itſelf intirely.

Theſe cauſes are, as appears, the ſame; and they proceed, either from that the *uterus* is too hot, and dry; or, more commonly, from that the patients have not the *menſes*; or have them irregularly: which ſupports, in the veſſels of the *uterus*, a conſtant *plethora*, that cauſes the tenſion, or rigidity of its *parietes*, and orifice.

In this ſtate, the orifice of the *uterus* gaping, affords an eaſy paſſage to the exterior air into the cavity of the *uterus*; and this air remains there, without being ſubject to be expelled by the *parietes*, which are not in a ſtate to come cloſe, till ſome motion, or ſome contorſion of the body, by compreſſing the belly, makes it ruſh out of a ſudden, or at ſeveral times; according as the compreſſure is continued, or interrupted. But as ſoon as theſe motions ceaſe, there re-enters a freſh quantity of air into the *uterus*; which will not go out again, till the ſame motions be renewed. In theſe patients, therefore, the *uterus* reſembles much to thoſe machine puffs, that are uſed for powdering; and from whence the air is driven out, with the powder, by preſſing them: but which fill with air again, as ſoon as the preſſure is diſcontinued.

§. II. *Di-*

§. II. *Diagnoſtic, Prognoſtic, and Method of cure.*

Diagnoſtic. This diſeaſe does not reſemble any other of the *uterus*; and it cannot be miſtaken from the very account the patients give of themſelves, if a little attention be had to the deſcription that is above made of it.

Prognoſtic. I have ſeen ſeveral women who patiently bore this diſeaſe, without doing any thing on account of it: becauſe they did not feel any inconvenience that balanced the trouble of uſing remedies. It appears to me, nevertheleſs, from my own obſervation, that this diſorder hurts generation, whether it be, becauſe the *uterus*, dried by the air, that fills it, weakens the power of the *ſemen:* or rather, becauſe the *ſemen* flows back through the orifice of the *uterus*, which does not cloſe as it ſhould do for conception.

Method of cure. Whenever there is occaſion to take this diſorder in hand, one or other of the methods, that are going to be pointed out, ſhould be perſued, according to the cauſe of the diſorder.

I. If the diſorder proceed from a failure of the *menſes*, in a woman, who is yet of an age to have them duly, they ſhould be brought back, and the returns of them rendered regular, by the uſe of the aperitives and emmenagogues, that have been propoſed in *Book I. Chap. IV.*

II. If the diſorder take its riſe, on the contrary, from the *uterus*'s being ſtretched, and heated; the humectant, and cooling remedies, that have already been ſeveral times propoſed, ſhould be employed internally and externally.

ARTICLE III.

Of the tumefaction of the uterus, *arising solely from the thickning of its* parietes.

THERE are women, who have the *uterus* tumefied solely from its coats growing thick, without having any tumour in its substance, or any foreign body in its cavity.

This accident is always the consequence of labours. It is known, that, during pregnancy, the membranes of the *uterus* grow considerably thick, by the inlargement of the vessels; but this is dissipated in delivery: because, the *lochia*, which attend or follow it, empty the vessels; and the membranes of the *uterus* contract themselves, by their elasticity, in proportion as the vessels unload themselves.

It is fit, nevertheless, not to leave this work to nature alone; and it must be assisted, by closing gently, and gradually, the *abdomen* of the women delivered; and this the midwives, and nurses, should never fail of doing.

It is easy to conclude from hence, that the membranes of the *uterus* run some hazard of remaining thick; and the *uterus* tumefied. 1°. When the *lochia* stop too soon; and are not regularly discharged, or only in small quantity, during the time of child-bed. 2°. When the young and unexperienced lying-in women, will not suffer the constraint of having the belly closed after delivery. 3°. When the women brought to-bed are of a delicate constitution; and the membranes of the *uterus* have not the proper elasticity to press out the blood; and close themselves again. 4°. Lastly, when the women brought to-bed, are old; and that, on account of their age, the membranes of the *uterus* have not any longer the flexibility necessary for contracting themselves.

In all these cases, it is to be feared, the *uterus* will remain swelled after the lying-in; and experience verifies what we have said of it.

It sometimes happens, that the copiousness of the *menses*, which follow the deliveries; or subsequent deliveries, where the *lochia* are in abundance, and where the woman delivered, suffers herself to be properly managed; cure this tumefaction: but when there is not this good fortune, it is best always to resolve to submit to the largeness of the belly. Not but that aperitives, emmenagogues, domestic warm baths, baths of mineral, hot, or thermal waters, &c. are employed; and sometimes even with success: but these remedies have not always the desired effect.

CHAP. X.

Of the descensus *of the* uterus.

§. I. Description and Differences.

IN the natural situation, the *uterus* is placed in the middle of the *pelvis*, in the *hypogastrium*, with the bottom a little below the level of the bones of the *ilion*; and the neck at the height of the *os pubis*, or a little lower. In this state, the neck lies contiguous to the *rectum* backwards, and to the bladder forwards; and the rest of the body of the *uterus* adheres to the neighbouring parts, by loose ligations, formed simply of the cellular substance. Lastly, the *uterus* is continuous with the bottom of the *vagina*; and its neck is surrounded by it circularly, in such manner, that it projects a little into it.

This situation of the *uterus*, such as it has been described, does, however, suffer some variations in different subjects: but these variations are slight in the state of health. It is only in the three following cases, and particularly in the two last, that the changes of situation

ſituation which happens to the *uterus*, merit the attention of patients, and phyſicians; and ſhould be regarded as a real diſeaſe.

The firſt is, when the *uterus* advances a little further than uſual into the *vagina*; and, in conſequence of that, approaches the *vulva*. This ſtate is an *incipient deſcenſus:* but as it is ſcarcely ever followed by any accident worthy notice; and is very common in women who have had ſeveral children; it is only conſidered as an uſual circumſtance, where the *uterus* bears down a little.

The ſecond is, when the *uterus* advances to the middle of the *vagina*; or even to its orifice. As this ſtate is attended with pain, and injury to ſeveral functions, it conſtitutes a real diſeaſe; known under the name of the *imperfect deſcenſus of the uterus.*

Laſtly, in the third, the *uterus*, continuing to deſcend, gets clear of the orifice of the *vagina*; and falls into the *vulva:* ſometimes even paſſing to the outſide; and bearing down on the thighs. It is then, that the *deſcenſus* of the *uterus* has the name of *perfect:* and this third caſe muſt be regarded as a diſeaſe of conſequence.

In theſe three different caſes, the patients feel a weight, and ſwelling in the part; and find trouble in walking, and even in ſtanding upright; and in the two laſt, they are obliged to make water often, have trouble in going to ſtool; and even then dare not ſtrain. They are, moreover, incapable of fulfilling the duties of marriage; and of conceiving.

Theſe accidents, although the ſame in the principle, vary with relation to the violence, according to the degree of the diſorder.

§. II. CAUSES.

The antients were unanimouſly of opinion, that the *uterus* was held in its place by four ligaments: two being broad, which went, as they ſaid, from its *fundus* to fix it to the loins; and two being round, which ſprung from the right and left ſides of the *uterus*, and after

after having paſſed through the rings of the abdominal muſcles, terminated at the groins.

That the broad ligaments held it ſuſpended, and hindered it from deſcending; and that the round ligaments retained it ſtreight in the middle of the *hypogaſtrium*; and prevented it from declining, either to one ſide or the other.

From hence, they thought themſelves authorized to conclude, that the *deſcenſus* of the *uterus* never happened, but when the broad ligaments were broken, or conſiderably relaxed; and the round ligaments ſufficiently ſo, likewiſe, to give way to this diſplacing.

But the diſcoveries, that have been made in anatomy, have ſhewn the falſity of this theory. The pretended broad ligaments are only an expanſion of the *peritonæum:* which, after having reached, externally, the *fundus* of the *uterus*, paſſes to be fixed to the loins, near the place, where the meſentery itſelf is fixed. This is, conſequently, only a ſimple membrane, very lax, and wholly incapable of keeping the *uterus* ſuſpended. As to the round ligaments, beſides that, by their poſition, they are more proper to draw the *uterus* downwards, than to prevent its falling, it is known, that they are only formed of a net work of arterial, and veinous veſſels, interwoven with each other: and thence little capable of contributing, to retain the *uterus* in its place, right in the middle of the *hypogaſtrium:* where, moreover, it ſcarcely ever is.

It reſults, therefore, from hence, that, in its natural ſtate, the *uterus* is held in its place only by the *fundus* of the *vagina:* upon which it bears; where the neck, which is ſmall, enters even half a finger's breadth; but where the body, which is larger, cannot enter; and, conſequently, that in the unnatural ſtate, of which we are treating, the *uterus* deſcends only, becauſe the *fundus* of the *vagina*, more dilated, or, at leaſt, more dilatable, is capable of receiving it, when it falls by its own proper weight; or when it is thruſt there, by ſome accidental cauſe. There-

fore, to eſtabliſh the true theory of the *deſcenſus* of the *uterus*, it is requiſite, on one hand, to lay down the cauſes, which may dilate the *fundus* of the *vagina*, or, at leaſt, render it eaſily dilatable, ſo as to make it able to receive even the body of the *uterus*; and, on the other hand, to aſſign, at the ſame time, all the accidental cauſes, which may thruſt the *uterus* into the *fundus* of the *vagina*; and make it enter there, by forcing the weak reſiſtance, that may be oppoſed to it.

I. But, as to the firſt article, it is certain, that the *fundus* of the *vagina* cannot be dilated, except by three cauſes:

1°. By natural conformation, which varies, in different ſubjects, with regard to the largeneſs of members; and, in like manner, with regard to the opening of the *fundus* of the *vagina*.

2°. By the birth of a child, that is too big; dropſical; hydrocephalous; monſtrous; or which comes out double, &c: for, in all theſe caſes, the *fundus* of the *vagina* ſuffers a great diſtenſion.

3°. By a hard labour, where the midwife is obliged to introduce her hand often into the *uterus*, for the extraction of a dead *fœtus*; or of a *placenta*, that adheres too ſtrongly.

But the *fundus* of the *vagina*, without being actually dilated, may be ſufficiently lax, and ſoft, to be eaſily dilatable; and to give room thence for the *deſcenſus* of the *uterus*; which happens in theſe two caſes:

1°. When the patients are of a weak and delicate conſtitution; where the parts have but little elaſticity; and where, conſequently, the coats of the *vagina* are weak, eaſy to be diſtended, and furniſhed with only a few muſcular fibres of a weak texture.

2°. When the *fundus* of the *vagina* is, for a great length of time, macerated with a lymphous *ſerum*; that diſtils from the *uterus*: as it happens in the ſerous *fluor albus*, which is conſtant, and of long ſtanding.

II. Nothing

II. Nothing is advanced, with relation to the different ſtates of the *vagina*, as they may contribute to occaſion a *deſcenſus* of the *uterus*, that is not confirmed by the circumſtances under which this diſorder happens; and by the obſervations, that have been made in the opening the dead bodies of women, who were afflicted with it. But it may be eaſily judged, that theſe ſtates, ſuch as they have been explained, are not ſufficient to produce the *deſcenſus* of the *uterus*; unleſs it be thruſt lower into the *vagina* by ſome cauſe. In fact, its own weight is a cauſe always preſent, that bears it down. But, except in the caſes where the dilatation of the *vagina* is very great, which is rare, this cauſe alone may indeed lower it a little; but can never produce a true *deſcenſus* of it, unleſs ſome more efficacious cauſes ſupervene, which makes the *uterus* preſs forwards with more force into the *vagina*; and enter there, by ſurmounting the obſtacles which would reſiſt the weight.

Theſe cauſes are ſufficiently numerous. They are all verified by experience, and confirmed by inſtances of deſcents of the bowels, or the *omentum* in men.

As, 1°. A violent and frequent cough, in an obſtinate cold; and in great fits of an aſthma.

2°. Sneezing often repeated, in conſequence of a cold in the head; or by the uſe of too pungent ſnuff.

3°. The efforts of vomiting, when it happens in ſome caſe of indigeſtion; or, where it is neceſſary to procure it, in ſome diſorder that requires it.

4°. The efforts made in lifting; or bearing any weight that is too great.

5°. The reiterated ſtrainings in a violent looſeneſs, or in a *teneſmus*; eſpecially if continued for a long time.

6°. Any violent fall; particularly if it be made on the belly; or any ſtroke that is received there, by other means.

7°. Screaming extorted by any exceſſive pain that is felt; or occaſioned by any paſſion that prevails.

But what has been already obſerved, with relation to the ſtates of the *vagina*, muſt be obſerved with relation to theſe cauſes; that is to ſay, as theſe ſtates are not ſufficient to produce the *deſcenſus* of the *uterus*, if there were no cauſe which might puſh the *uterus* lower; in the ſame manner, theſe cauſes are not capable alone of effecting this *deſcenſus*, if the dilatation, or, at leaſt, the dilatability of the *uterus*, did not conduce in part to this effect: and that, therefore, this diſorder depends always on the concurrence of theſe two kinds of cauſes.

§. III. SYMPTOMS.

I. In the *deſcenſuſes* of the *uterus*, this part changes its place intire, and without any change in its figure; that is to ſay, the neck preſents itſelf the firſt, the body follows, and it paſſes intirely into the *vagina*, which embraces, and ſurrounds it.

II. The patients ſuffer but little, ſo long as the *deſcenſus* is only incipient: becauſe the ſtretching of the connections of the *uterus* is moderate; as well as the diſtenſion of the *vagina*; but they both augment in proportion as the *uterus* falls lower; and then the ſenſe of weight, and the pains, come; and go on increaſing accordingly.

III. The more low the *uterus* falls, the more the patients ſuffer in walking; whatever care they may have in ſtepping, to keep their thighs aſunder, that they may not preſs it.

IV. When the *deſcenſus* is perfect; that is to ſay, when the *uterus* falls to the orifice of the *vagina*; the bladder is compreſt, if the neck of the *uterus* turns on that ſide; and then, its cavity being diminiſhed, the patient is obliged to make water often; and ſometimes even finds trouble in doing it; when the *urethra* is ſtrongly compreſt.

V. They undergo the ſame difficulty in voiding the excrement, when the neck of the *uterus*, placed obliquely, bears on the ſide of the *rectum*; and compreſſes it.

VI. In

VI. In this ſtate, the *menſes* continue to appear, if there be no particular fault in the interior part of the *uterus:* but as the blood, which is carried thither, does not return without difficulty, becauſe of the compreſſion, which the veins ſuffer on account of being turned backwards, the *menſes* degenerate often into a continual diſcharge; and ſometimes into a flooding.

VII. There is not any diſplacing of the *uterus*, in which the patients are not ſubject to a ſerous *fluor albus:* becauſe the blood, which ſtagnates in the veſſels of the *uterus*, ſuffers the lymph to tranſude. The diſcharge of the *fluor albus* is copious, in the ſame degree as the *deſcenſus* of the *uterus* is great.

VIII. In the perfect *deſcenſus*, the body of the bladder is often forced to follow the *uterus*, and deſcend with it. There is a very circumſtantial account of ſuch a caſe [1] in Ruyſch. It is even pretended, that the *colon* has been ſometimes dragged down alſo by the *uterus*; and an inſtance may be found of it in the Obſervations [2] of Henry de Heer.

IX. It has been already remarked, that the blood can ſcarcely return from the veſſels of the *uterus* in the *deſcenſuſes*; particularly in thoſe that are *perfect:* which muſt be underſtood to hold good alſo of the lymph. It is not ſurprizing, therefore, that the magnitude of the *uterus* ſhould inlarge in this ſtate. When this tumefaction is ſudden, it is to be feared, that it may bring on inflammation; and the inflammation, a gangrene; and when it comes on more ſlowly, there is reaſon to expect an induration of the *uterus*, which may turn to a *ſchirrus*; and ſometimes even, at length, to a cancer.

X. Laſtly, in the perfect *deſcenſus*, the urine, which comes out of the *urethra*, ſpreads over the body of the *uterus*, and ſoon produces there a ſuperficial, but ulcerous excoriation: and even ulcerous furrows,

[1] Theſauro anatom. viii. N° 102.

[2] Obſervat. Medicar. Obſervat. 22.

which

which give room to apprehend a gangrene; in which this diſorder uſually terminates.

§. IV. DIAGNOSTIC.

The *deſcenſus* of the *uterus* can only be confounded, as has been already remarked, with the excreſcences of the *vagina*; the elongation of ſome of its *rugæ*; or with the reverſing of the *uterus*, thruſt, in that ſtate, out of its orifice, and hanging in the *vagina*.

The ſigns, which ſerve to diſtinguiſh it from the excreſcences, and elongations of the *vagina*, will be ſhewn in the following chapter, where the nature, and kinds of theſe excreſcences, and elongations, will be explained.

There will be ſhewn, in the ſame chapter, in ſpeaking of the reverſing of the *uterus*, the means of diſtinguiſhing this reverſing, and the *deſcenſus* of the *uterus* which attends it, from the common *deſcenſus* of it, which is here treated of.

At preſent it ſuffices to remark, that, in this laſt *deſcenſus* of the *uterus*, there are many criterions, which are eſſential to it, and which ſerve to diſtinguiſh it. The body that deſcends is ſmaller in the exterior part, than in the poſterior: it is firm, ſmooth, ſhining, and furniſhed with but a few blood-veſſels. It is perforated with a ſlit through it, from whence the blood is ſeen to flow in the time of the *menſes*, when the patients are yet of age to have them: and, moreover, the body, which preſents itſelf, adheres to the *vagina* circularly, as is to be known with certainty, by introducing the finger into the *vagina*, and paſſing it round the whole body.

§. V. PROGNOSTIC.

To judge well of the prognoſtic, that ought to be made of the *deſcenſus* of the *uterus*, its different ſtates muſt be diſtinguiſhed.

1°. While the *deſcenſus* is only incipient; that is to ſay, ſo long as the *uterus* bears down only a little; the diſorder is ſlight, and without danger; and there may

may be hopes of curing it, without ſubjecting the patient to the uſe of an uterine circle.

2°. When the *deſcenſus* is formed, but is imperfect; that is to ſay, when the *uterus* has not yet got clear of the narrow part of the orifice of the *vagina*; it may be eaſily put again into its proper place: but to retain it there, the uterine circle muſt be employed; unleſs the patients will keep a long time in bed: and ſtill, even then, it is ſometimes neceſſary to have recourſe to it, for an intire ſecurity.

3°. If, however, the *deſcenſus* be perfect; that is to ſay, if the *uterus* fall into the *vulva*; or, what is yet worſe, if it paſs to the outſide of the *vulva*; in this caſe, provided immediate application be made, it is not difficult to put it in again into its proper place; and then it is not ſufficient to oblige the patients to keep in bed for ſome time; but an uterine circle muſt be introduced into the bottom of the *vagina*, which will keep up the *uterus*; and prevent the danger of its falling down again.

4°. Laſtly, if the patient be negligent enough to let the *uterus* remain ſome time in this ſtate, it ſwells, and ſoon becomes indurated to ſuch a degree, that it is abſolutely impoſſible to make a reduction of it. Then, whatever precaution may be taken, the ſurface of the *uterus* ulcerates in a ſhort time, by the acrimony of the urine, which flows over it; and this exulceration is ſoon followed with a gangrene, that makes a rapid progreſs; and for which there is no remedy, but by making an amputation of the body of the *uterus*.

5°. There is a neceſſity to have recourſe to the ſame operation, when the *uterus* becomes ſchirrous, and the *ſchirrus* degenerates into a cancer: which is more rare; but not without inſtances. As this operation is dangerous, and, for the moſt part, does not ſucceed, it ought never to be practiſed, but in deſperate caſes; *in evidenti mortis periculo.* But it ought, however, to be performed in ſuch caſes, for the fact is certain, that it has ſometimes been attended with

ſucceſs: and we ſhall quote, at the bottom, ſome authors [1] worthy of credit, who have atteſted the ſame.

6°. It reſults from what has been above ſaid, that the *deſcenſus* of the *uterus* is not a mortal diſeaſe, ſo long as it is capable of being reduced. There are many women found: who have this diſorder a long time without any danger.

7°. But it is certainly a diſeaſe that is very troubleſome and naſty; and which commonly renders the *menſes* irregular, cauſes the *fluor albus*, often prevents conception, and deprives the women of the liberty of doing their buſineſs.

8°. In general, the *deſcenſus* of the *uterus* is more eaſily cured, when it is incipient and imperfect, than when it is of long ſtanding, and perfect: and, in a young woman, otherwiſe of a healthful habit, than in one that is older, and of a bad habit.

9°. The perfect *deſcenſuſſes*, where it is not practicable to reduce the *uterus*, end almoſt always in inflammation, exulceration, and gangrene: or in *ſchirrus*, and cancer: and are, conſequently, not only very dangerous, but even commonly mortal.

§. VI. *Method of cure.*

The treatment of the *deſcenſus* of the *uterus* is always eſſentially the ſame: but it varies according to the different ſtates of the diſorder.

I. If the *deſcenſus* be only incipient; that is to ſay, if the *uterus* be nearly in its place, but nevertheleſs a little lower than it ought to be; there is room to hope to cure it: or, at leaſt, to ſtop the progreſs of it,

[1] Aëtius, Tertrabibl. iv. ſerm. iv. cap. 76.

Paulus Ægineta, Lib. iii. cap. 72. *Et* Lib. vi. cap. 22.

Berengarius Carpus, *in Iſagoge anatomicâ.*

Marcus Gatinaria, *Practic. Cap. De exitu matricis.*

Anton. Benivenius, *Obſervat. Medicinal.* Obſerv. ix.

Chriſtophorus à Vega. Comment. ad Aphoriſm. 18. Libr. viii.

Ambroiſe Paré, Livre xxiv. ch. 48.

by

by aſtringents, medicaments proper to contract the *fundus* of the *vagina*, and to put it in a condition to reſiſt the *deſcenſus* of the *uterus*.

They are employed in different manners.

1°. In injections into the *vagina*, that are repeated two or three times a day; and are made with the decoction of the roots of

Tormentil,
Biſtort,
Comfrey,

of the leaves of

Shepherds purſe,
Vervain,
Horſetail,
Yarrow;

of red roſes, or Province roſes:
or, if it be deſired to render the decoction more efficacious,
of the bark of pomegranates;
of balauſtines;
of Cyprus nuts; and
of the calyces of acorns.

This decoction may be made with three or four of theſe drugs, at diſcretion, in common water; ſtrong red wine; or the water of a ſmith's forge.

2°. In fomentations, where the ſame decoction is uſed: in which a fine ſponge, or a ſmall roll of linnen is dipt, and introduced into the bottom of the *vagina*. This practice is more ſafe, and efficacious, than the preceding: becauſe the remedies remain longer applied to the part that is to be contracted.

3°. In fumigations, that are received into the *vagina*, upon the perforated chair, by means of a funnel: taking care, that the fumes be not too hot. To this end, may be employed, the hot vapour, that riſes from the aſtringent decoction already deſcribed: but, if it be deſired, to render theſe fumigations ſtill more efficacious, uſe may be made of

Frankincenſe,
Myrrh,
Maſtic,
Sandarac, or gum Juniper,
Red roſes,

the whole mixt in a fine powder; compounded together in the proportion judged moſt proper; and caſt by pinches upon burning coals, for a quarter of an hour, or more.

The ſkins of ſalted eels, dried in the chimney, and powdered, are particularly recommended, as a ſpecific remedy: but, I am of opinion, the medicine has more reputation than efficacy.

4°. There ſhould be given, at the ſame time, internally, every morning, ſome diſhes of the infuſion of flowers of ſage, or leaves of wild tanſy; or a decoction of crude *terra Japonica*; or, what is more efficacious, ſome glaſſes of decoction of China root, or of ſarſaparilla.

In like manner may be ordered boluſſes, with *terra Japonica*, maſtic, dragons blood, and caſcarilla; the whole in powder; and incorporated with the ſyrup of dried roſes, or *ſtœchas*. Though there is, in this diſorder, but little effect to be expected from internal aſtringents.

5°. It is requiſite, above all things, when the ſeaſon permits, to make uſe of mineral waters, to ſtrengthen and reſtore the elaſticity of the *fundus* of the *vagina*. They are employed in injections, in ſtoops on the back and reins; and in baths: they are alſo adminiſtered internally; and the vapours that riſe from them, at the ſpring, are ordered to be received in fumigations.

6°. It ſhould not be neglected to apply on the loins, and even on the *hypogaſtrium*, the plaſter *contra ruptu-ram*; or the plaſter of Madam Fouquet: not that any great ſtreſs ought to be laid on theſe remedies; but, becauſe there is ſome hazard of loſing the confidence of the patient, if it be neglected: and as they ought not to be diſpleaſed about ſo trifling a

matter, as an exterior application, which can do no harm.

7°. Laſtly, if the *deſcenſus* gains ground, ſo that the patient finds more trouble in walking, and feels a pain in the *uterus*, there muſt, without heſitation, be recourſe had to the uſe of the uterine circle: which is the only certain method of preventing the progreſs of the diſorder; and ſecuring the patient from all danger. The manner of making uſe of it, will be ſhewn in the following articles.

II. But if the *uterus* deſcend gradually into the *vagina*, even to its orifice, by the negligence of the patient, or ſome unforeſeen effort throws it there ſuddenly; that is to ſay, if the *deſcenſus* become perfect, the firſt attention ſhould be, to put back the *uterus*, as ſoon as poſſible, into its place.

1°. To this end, the patient is to be laid on her back, in bed, with the breech more raiſed than the belly: and the *uterus* to be gently thruſt back, with one or two of the fingers of the right hand, greaſed for that purpoſe: or, if it be more approved of, a peſſary of linnen rolled; tied about with a thread; and dipt in an emollient decoction of roots of yellow mallows.

2°. The operation is, for the moſt part, eaſily performed in this caſe; and the patients are often able to accompliſh it themſelves. When the reduction is made, they ſhould be ordered to croſs their legs; and to keep, in that poſture, in bed, to prevent the *uterus* from falling down again.

3°. An uterine circle is, nevertheleſs, to be prepared; ſuppoſing there be none ready. This circle is a kind of oval piece of cork, bored in the middle, with a pretty large hole, for the diſcharge of the *menſes*, flat, or convex, on one ſide, and ſlightly concave on the other.

4°. In adapting the ſize of this circle, regard muſt be had to the magnitude of the *vagina*, to regulate the breadth; and, to the diſtance of the hips in the patient, to determine the length: without which, any uterine circle, that ſhould be made, would run

the risk of being useless, from being too little; or of hurting the patient, from being too long.

5°. When the dimensions are properly taken, and the uterine circle is finished; some white wax should be melted over a very gentle fire, with a little Venice turpentine, and even a little gum mastic in powder, mixt with it: and the circle should be dipt into this melted mixture, in order to cover all its inequalities, and render the whole even: which should be repeated if necessary: and afterwards, all the roughness carefully scraped off.

6°. When the uterine circle is ready, it is rubbed with a little oil, or fresh butter; and introduced into the *vagina* lengthways, as high as the *uterus*. It is then to be turned, and put into an horizontal position; which makes it bear, by its two ends, on the two hip-bones, at the right and the left; and care must be taken, that the concave side be turned upwards, towards the *uterus*; which is to rest upon it.

7°. In this position, the uterine circle cannot fall down; nor, consequently, admit the *uterus* which it supports, to move downwards. It cannot, moreover, compress either the bladder, or the *rectum*: because it is not so broad as long. Nevertheless, the *menses* may be freely discharged by the opening, which is in its middle. The women may, also, in this condition, have commerce with their husbands, and conceive, without having occasion to take out the circle, except at the time of delivery.

8°. When the uterine circle is well made, the women are soon accustomed to it: but these several inconveniencies result, where it is not made of fit dimensions. If it be too short, it lies loose in the bottom of the *vagina*; and falls downwards. If it be too long, there is a necessity for placing it too high: which elongates and stretches the *vagina*. If it be too broad, it presses, and disorders, the *rectum*, or the bladder. In all these cases, a new one should be made: and the faults, that are observed in the first, avoided.

9°. When

9°. When the circle is fixt in its place, the patient may ſtand, and walk, without any danger: and there is no occaſion for any other remedy. There may be, nevertheleſs, thruſt to the bottom of the *vagina*, a ſmall ſponge, dipt in ſome aſtringent decoction: though there is not much room to hope, for the contraction of a part, that the preſence of the circle keeps always in a ſtate of diſtenſion.

III. If the *deſcenſus* of the *uterus* be perfect; that is to ſay, if the *uterus* has paſſed the orifice of the *vagina*; which is narrower; and be fallen into the *vulva*; there ſhould be no time loſt in reducing it immediately, without giving an opportunity for its inlarging.

To facilitate this reduction, the patient ſhould make water, aſſiſted, if there be occaſion, even by the catheter: and it is proper, alſo, for the ſame reaſon, to give her a glyſter, in order to empty the *rectum:* after which, the *uterus* is to be fomented with a warm decoction of yellow mallows; or with the mucilage of linſeed; and then gradually thruſt back, in the manner that has been mentioned in the preceding article: which will generally ſucceed well enough; if it be done ſoon after the *deſcenſus* firſt happens.

But if too much time has been loſt in calling for aſſiſtance; and the *uterus* be grown large, and indurated, ſo as not to be capable of being reduced; after ſome trials, made with caution, the following method ſhould be taken.

1°. To bleed the patient in the arm, once, or twice, ten or twelve ounces each time.

2°. To foment the *uterus* with an emollient decoction, warm, made with the roots of the yellow mallows, and lilies; and with the leaves of mallows, yellow mallows, *acanthus*, &c; in which is dipt a piece of linnen, well worn; that is afterwards put round the *uterus*, and renewed when it grows cold.

3°. To apply to the *uterus*, even a cataplaſm of crumb of bread, and milk: or an emollient cataplaſm, made with the pulp of the ſame plants, that

have been mentioned for the fomentations; and of the oil of lilies; or of ſweet almonds.

4°. To make the patient uſe warm half baths, of the ſame emollient decoction; and to ſtay in them an hour or two, every time.

5°. Laſtly, during the uſe of theſe remedies, to oblige the patient to keep in bed, laid on her back, with her breech raiſed, to facilitate the return of the blood, which goes back from the *uterus*.

When theſe remedies have ſucceeded, in diminiſhing the bigneſs of the *uterus*; and, at leaſt, have rendered it ſufficiently ſoft, to be capable of being elongated, and of yielding to the reduction; it ſhould be attempted again, with all the proper precautions.

If it then ſucceed, the diſeaſe is cured: but, as the *uterus* may have ſuffered in this operation, care ſhould be taken to keep the patient in bed, for ſeveral days, in a proper poſture; to bleed her once or twice in the arm; to apply emollient fomentations on the hypogaſtric region; and to preſcribe an exact regimen.

Laſtly, when the pain, and the heat of the *uterus*, and the *vagina*, have ceaſed, an uterine circle ſhould be fixed, for the ſecurity of the patient. But as theſe parts are yet ſenſible, it would be well to put in a ſmall one firſt, to habituate the *uterus* and *vagina* to it, till ſuch time as they may be able to bear one of a proper bigneſs.

IV. If the *uterus* be too large, and hard, to admit of being reduced, the patient can only be pitied for her deplorable ſituation: and as the diſorder cannot be cured, endeavours muſt be made to paliate the conſequences. In order to which, care muſt be taken, to defend the *uterus* from the acrimony of the urine; and to prevent its exulceration.

To this end, the *uterus* ſhould be kept well waſhed, with the decoction of the root of the yellow mallows; or the decoction of barley. It ſhould be covered with a piece of linnen, ſpread with the cerate of Galen; or of common waxed taffety. The ſlighteſt

choppings

choppings ſhould be fomented with a weak decoction of the roots of birthwort; and anointed with the ointment of ſtorax. It ſhould be attempted alſo, by frequent fomentations, to prevent the *uterus* from indurating, and becoming ſchirrous. But in ſpite of all this care, it almoſt always happens, that, in the end, the *uterus* ulcerates, and mortifies: or that, from a ſchirrous, it becomes cancerous: and, in ſuch caſes, as death is a certain and quick conſequence, it ſhould be reſolved to amputate the *uterus*. This operation often turns out ill, as has been mentioned; but it ſuffices, that it has ſometimes been attended with good ſucceſs, to render the trial of it proper in ſo deſperate a ſituation: eſpecially if the patient be young, and appear to be otherwiſe of a good conſtitution.

As this operation is very rarely practiſed, I think it unneceſſary to give a particular explanation of it. It is ſufficient to remark;

1°. That a ligature muſt be made on the *uterus*, at the edge of the *vulva*, and that, in order to make it on a place that is not ſchirrous, it is requiſite to draw the *uterus* a little out.

2°. That it is proper to take care, not to include the bladder in this ligature; and, in order to that, to inject warm water into the bladder, to be well informed of its ſituation, before the ligature be made.

3°. That the *uterus* muſt be afterwards amputated below the ligature, with a crooked knife; ſuch as is made uſe of in the amputation of other parts.

4°. That the wound muſt be dreſſed with all poſſible care, and with all the precautions, the rules of art, and the different circumſtances of the diſorder require: and that, when the ligature falls off, and the wound is ready to cicatrize, the end of the *vagina* muſt be puſhed inwards into the *vulva*.

CHAP.

CHAP. XI.

Of diſeaſes, which have relation to the deſcenſus *of the* uterus.

THESE diſeaſes are *ſarcomas*, or excreſcences of the *vagina*; the elongation, or *deſcenſus*, of ſome portion of the external coat of the *vagina*; and the reverſing of the *uterus* itſelf, which comes out through its own orifice, by turning inſide outwards. To explain theſe diſeaſes with order, it is proper to divide them into three diſtinct articles.

ARTICLE I.

Of the ſarcomas, *or excreſcences of the* vagina, *and of the elongation, or* deſcenſus, *of ſome portion of the interior coat of the* vagina.

WHAT has been affirmed of the *deſcenſus* of the *uterus*, in the *laſt chapter*, is conformable to the moſt accurate obſervations.

It is ſurprizing, that there have been phyſicians, whoſe names [1] and works are ſpecified in the bottom of the page, who have raiſed doubts concerning them, and pretended, that the *uterus* never falls; and that, what is taken for a fall of the *uterus*, is only ſome *ſarcoma*, or ſome excreſcence of the *vagina*, or, at moſt, a portion of its interior coat, which grows long and falls into the *vulva*.

To be capable of advancing ſuch an opinion, theſe phyſicians muſt never have ſeen any *deſcenſus* of the *uterus*; notwithſtanding this diſorder is really not

[1] Job. Meeckeren, *Obſervat. Chirurg. cap.* 51.
Henricus à Roonhuyſen, *Obſervat. Part.* 1. *Obſervat.* 2.
Theodorus Kerckringius, *Spicileg. anatom. Obſervat.* 30.
Johannes Van-Horne, *Microthecn.* §. 2. *Part.* 2. §. 28.

rare,

rare. They could not, otherwiſe, miſtake the body of the *uterus*, which is eaſy to be diſtinguiſhed by its firmneſs, volume, figure; and ſtill more by its neck, or ſnout, that is ſhining, ſmooth, without perceptible veſſels; and in which is found the tranſverſe opening, that conſtitutes its orifice; from whence the *menſes* are ſeen, in the moſt viſible manner, to diſtil at every periodical return, when the patients refuſe to ſubmit to the reduction of the *uterus*; or when it is impoſſible to accompliſh ſuch reduction, on account of the bulk that the *uterus* has acquired. I ſhall not add, that it has been ſometimes neceſſary to have recourſe to extirpation, from the pain the patients have ſuffered; and ſtill more, from the imminent danger of a gangrene: and that, then, it has been clearly known by diſſection, that the body, which had been taken off, was the *uterus* itſelf. Paré [1] carries the evidence on this matter ſtill further, for he aſſures us, that after having performed the amputation of the *uterus* with ſucceſs, in a woman, who had a *deſcenſus*, he had the curioſity ſome months after, having known that ſhe was dead of a pleuriſy, to deſire to open the body; when he found the *uterus* wanting; and that there was formed, at the end of the *vagina*, a callous and ſolid body, which cloſed it.

There certainly are *deſcenſuſſes* of the *vagina*; or, at leaſt, diſeaſes ſo called: but theſe pretended *deſcenſuſſes* taken, in the whole extent that is given them, are ſo different from thoſe of the *uterus*, that they cannot be miſtaken for them, as will be ſeen by the deſcription, which will be below made of them; by the nature of the cauſes whence they proceed; and by the particular method of cure which they require.

§. I. *Deſcription of the* deſcenſuſſes *of the* vagina.

The whole of the *vagina* never deſcends; as it is abſolutely impoſſible it ſhould: but only ſome portion of it; or, to ſpeak more properly, ſome portion of its interior coat. This is a reaſon, why the pretended *deſcenſuſſes* of this part, properly ſpeaking, merit only

[1] Livre 14. Chap. 43.

the

the name of elongation of the interior part of the *vagina*.

Theſe elongations differ from each other,

1°. With relation to their nature: for ſome are *ſarcomas*, or excreſcences, fixt to the inſide of the *vagina*: others are *funguſſes*, or muſhrooms, formed in ſome place of the *vagina*: and others are prolongations of one of the folds, or tranſverſe *rugæ*, which are in the *uterus* in great number.

2°. With relation to their nature: for ſome are ſoft, flaccid, ſpongy, and full of varicous veſſels; which ſuffer a lymphous humour; and ſometimes a bloody lymph, or blood itſelf; to exude: others are more firm, and dry: and others, alſo, are callous, and even ſchirrous.

3°. With relation to their thickneſs, and length, for ſome are ſmall, as a quill, and roll in the *vagina*: and others are thick; and fill, or even dilate, the *vagina*. Some are long, deſcend into the *vulva*, and even come out of it: and others are ſhorter, and ſcarcely reach the orifice of the *vagina*.

4°. Laſtly, with relation to the pedicles by which they are fixed to different places of the *vagina*; in the bottom; towards the middle; or at the edge of the orifice; which are ſometimes as ſmall as a thick thread; ſometimes thick, and large; ſometimes ſupple, and ſoft; and ſometimes hard, and callous.

§. II. CAUSES.

It appears, by what has been ſaid, that the pretended *deſcenſuſſes* of the *vagina* may be reduced to three different claſſes, with relation to the difference of their nature. 1°. To the *ſarcoma*; 2°. To the *fungus*; 3°. To the ſimple elongation of the interior coat: and it is eaſy to judge, that theſe different kinds muſt be owing to different cauſes.

I. With regard to *ſarcomas*, or *polypuſſes*, it is certain, that thoſe, which are formed in the *uterus*, and grow there, are formed and grow from the ſame cauſes, that produce them in other parts. As I have explained this matter, in the Treatiſe *on tumours and ulcers*,

ulcers, *Book V*, *Chap. VI*, I thought reference might be made thither. It ſuffices, therefore, to add, that, in the *vagina*, *ſarcomas* have often their ſeat in ſome of the *caruncul æ myrtiformes*: that they are ſometimes cauſed by the acrimony of the *fluor albus*: but that they proceed often from a venereal cauſe.

II. The *fungus* ſuppoſes, always, an ulcer more or leſs great; where the want of deterſion gives riſe to the generation of ſpongy fleſh; which ſpring, and elongate, by a kind of vegetation. The ulcer, that is the firſt cauſe of it, may come from the acrimony only of the *fluor albus*; or from a venereal *virus*, with which the patient is infected: and it is, ſometimes, the conſequence of too frequent, or too briſk touchings, which the patients make, or permit to be made in the parts.

III. For the ſimple prolongations of the internal coat of the *vagina*, they ſucceed the too great diſtenſion, which the *vagina* ſuffers in labours, that are hard, difficult, or too frequent; particularly in women of a delicate conſtitution. After theſe great diſtenſions, the muſcular coat of the *vagina* ſoon recovers itſelf, and contracts again; but the interior coat, which is nervous, and cannot contract in the ſame manner, forms ſeveral folds: and it frequently happens, that one of them, which is larger than the reſt, elongates itſelf gradually, by the ſtagnation, which is made there, of the nutritious lymph. It is, perhaps, in like manner, that the interior coat of the *rectum*, is elongated in children, and cauſes the apparent *deſcenſus* of the bowels.

After what has been ſaid, it is eaſy to aſſign a reaſon for the differences obſerved in the excreſcences of the *vagina*.

1°. They are fixt to the bottom, middle, or entrance of the *vagina*, according as the cauſes, which gave riſe to them, have acted on thoſe different parts: and their pedicles may be bigger or leſs; as theſe cauſes may have acted on a ſpace, more or leſs extenſive.

2°. If

2°. If these excrescences be *sarcomas*, they will be firm: if simple prolongations of the interior coat of the *vagina*, they will be more soft: and if *fungusses*, they will be still softer. But they will all grow hard, and become callous, and even schirrous, if astringent remedies are employed to dry them: or if they hang down in the *vulva*; and are exposed to the action of the air: which is more particularly to be apprehended in the case of *sarcomas*.

3°. *Sarcomas*, will be dry, and not furnish any moisture: the prolongations of the interior coat of the *vagina*, will suffer some *serum* to exude: and there will distil constantly, from the *fungusses*, a bloody lymph, and often blood.

4°. Lastly, these excrescences will be longer, or shorter; and thicker, or smaller; according as the causes, which produce them, have begun to act more or less time; or have acted with a greater or less degree of power.

§. III. SYMPTOMS.

1°. The *descensusses* of the *vagina*, while they are small, do not cause any pain, weight, or dragging; and, in general, they cause but little, unless they grow so large, as to distend the *vagina*; and press the neighbouring parts; which happens particularly in the case of *sarcomas*.

2°. But they are troublesome, on account of the nastiness they occasion; either by suffering *serum*, often mixt with blood, to exude; or by detaining a part of the *menses*, or the *fluor albus*, if the patients be subject to them; whatever care they may take to wash themselves.

3°. They hinder the patients from having commerce with men: or, at least, render it difficult; and defeat, by that means, the end of marriage.

4°. If the patients conceive in this state, which sometimes does happen, the delivery will be so much the more difficult, and hard.

5°. Lastly,

5°. Laſtly, theſe excreſcences may, at laſt, become ſchirrous, and do ſo commonly: and from thence may degenerate into cancers; which principally holds good of *ſarcomas*.

§. IV. DIAGNOSTIC.

The *deſcenſuſſes* of the *vagina* may be confounded with thoſe of the *uterus*; and it has been remarked above, that they are often confounded, at leaſt with *ſarcomas*, when they attain to a certain bigneſs. I believe, nevertheleſs, it is eaſy to diſtinguiſh them; if a little attention be given to the matter.

1°. On account, that in the *deſcenſus* of the *vagina*, the body, which preſents itſelf, is long, and flexible, when it is a *fungus*, or a prolongation of the interior coat; whereas, in that of the *uterus*, it is large as a great egg; of a figure ſomewhat oval; firm; ſmooth; and preſenting to ſight, a tranſverſe opening, which is the orifice of the *uterus*.

2°. On account, that the *ſarcomas*, which are generally larger; and which acquire ſometimes a bulk equal to that of the *uterus*; are unequal and angular: whereas the body of the *uterus* is pointed in the fore part; and grows larger towards the back part, in form of a pear; which reſembles the true figure of the *uterus*.

3°. On account, that by introducing the finger into the *vagina*, where the excreſcence is ſeated, the pedicle, by which it adheres, is eaſily found, even though it be at the bottom of the *vagina*: whereas, in the *deſcenſus* of the *uterus*, the body, which offers itſelf, does not adhere to the *vagina* by any particular faſtning; and the finger may be moved round the whole, without meeting with any reſiſtance.

4°. Laſtly, on account, that the *deſcenſus* of the *uterus*, when it is puſhed back and replaced, commonly remains there, at leaſt unleſs the patient uſe ſome motion: whereas it is ineffectual to put back the *deſcenſus* of the *uterus*; for it appears again, as ſoon as the finger is drawn back.

§. V. PROG-

§. V. PROGNOSTIC.

1°. The excreſcences of the *vagina*, or the prolongation of any fold of its interior coat, are always troubleſome; on account that they occaſion a naſtineſs, from which the patients can ſcarcely free themſelves: and that they render the patients leſs capable of performing the duties of marriage.

2°. But they are not attended with much danger: and there are many women, who have them for a long time without trouble, and often without perceiving them, when they are ſmall, and do not cauſe any effuſion of blood.

3°. Nevertheleſs, it would be wrong to neglect uſing the proper means of remedy, when they become large, hard, callous, or ſchirrous; or are ſpongy; and produce a bloody diſcharge; or, ſometimes, effuſion of blood.

4°. It is abſolutely neceſſary to have recourſe to ſuch means, when theſe excreſcences come out of the *vulva*: becauſe, the contact of the air, and the rubbing of the ſhift, ſoon render them ſchirrous: and more eſpecially when they threaten to become carcinomatous; which often happens in this caſe.

5°. In general, the moſt ſafe method, is to get rid of this inconvenience, as ſoon as it is perceived: becauſe the remedy is, at that time, much more eaſy, and certain.

§. VI. *Method of cure.*

In this diſeaſe, the treatment muſt be varied, according to the nature of the diſorder, which is the ſubject of it.

I. If it be excreſcences, which are in the *vagina*, it is in vain to preſume, to be able to reſolve, or repel them; and, in this fruitleſs hope, to employ reſolvents, diſſolvents, or aſtringents: as the uſe of theſe remedies would tend only to haſten the induration. It is much better, therefore, to endeavour to deſtroy the excreſcences, which preſent themſelves by eſcaro-

eſcarotics; or to cut them off, with the points of a pair of ſciſſars.

1°. The firſt method is always tedious, when the excreſcences are large and callous: and there is a hazard, in employing it, of affecting the ſound parts of the *vagina*; if the dreſſing be ever ſo little diſplaced. Indeed the uſe of eſcarotics cauſes great pain; and may bring on an inflammation in the *vagina*.

2°. The method of taking off theſe excreſcences with the ſciſſars, ought, therefore, to be preferred. Formerly much trouble was taken in tying their pedicles, before the extirpation: and this was found very difficult, in a place ſo narrow; particularly when the pedicle was far inwards. A method more eaſy and ſimple, of making this ligature, has been ſince invented: but it is ſeldom uſed in this caſe: becauſe the hæmorrhage, of which they were formerly afraid, is ſlight, and not attended with any danger: and, in all caſes, a compreſs, dipt in alum water, is ſufficient to ſtop it.

3°. The extirpation may, therefore, be undertaken, as ſoon as the place of adheſion is known. In order to this, the finger of the left hand ſhould be placed on the adhering part: and a pair of ſciſſars muffled, but long enough to reach to the place of the diſorder, muſt be then ſlid along this finger, and the points directed, by means of it, till it be certain, that they embrace the pedicle of the excreſcence, very near the place of its adheſion. Then, by preſſing the rings of the ſciſſars towards each other, the pedicle may be cut; and the excreſcence ſeparated.

4°. Some drops of blood may be afterwards ſuffered to flow: but it may be ſoon ſtopt with dry lint, with which the *vagina* ſhould be filled: and if that be not ſufficient to ſtaunch the bleeding, a button, dipt in alum water, or *aqua ſtyptica*, may be applied. When this dreſſing looſens of itſelf, which will generally be the next day, or the day after, the wound may be dreſſed with any common digeſtive, in which is afterwards mixt, a little of Arcæus's balſam: and, by this

means, it will be ſoon healed. It is proper, nevertheleſs, to examine, if there do not remain any calloſity, at the place where the pedicle adhered; in which caſe it ſhould be deſtroyed, by applying a little pledget, charged with the brown ointment; or, if there be occaſion, dipt in water, in which a little of the *lapis cauſticus* has been ſcraped: but care muſt be taken to reſtrain its action to the proper place, by filling the *vagina* with dry lint.

5°. During this treatment, the patients ſhould be kept in bed, laid on their backs; and they muſt obſerve a ſtrict regimen. But as this operation is ſcarcely ever followed by any fever, a little ſolid nouriſhment may be allowed. At laſt, after the diſorder is cured, ſome injections ſhould be made into the *vagina*, with the decoction of barley, or of the root of birthwort, and honey of roſes; or, what would be better, with the thermal waters of Plombieres, Bourbon, or Barege.

6°. Moreover, if there be any proof, or even any ground of preſumption, that the diſorder comes from a venereal cauſe, there ſhould be no heſitation to make uſe of mercurial frictions on the patient, with all proper care; and to defer the operation till towards the middle of this courſe.

II. But if the diſorder be only a ſimple relaxation, or elongation of ſome *rugæ*, or ſome portion of the interior coat of the *vagina*, it muſt be endeavoured, in this caſe, to dry the relaxed part, to contract it, and to reduce it, as ſoon as may be, to its natural ſtate.

In order to this, drying, aſtringent, and ſtyptic remedies, are uſed: which may be employed in two different manners.

1°. In decoction, that is abſorbed by a peſſary, made of linnen rolled together, or a fine ſponge; and applied to the relaxed part. This decoction is commonly made with

Sumach,	Pomegranate bark,
Cypreſs nut,	Pomegranate flowers.
Galls,	

The

The leaves of myrtle,
horſetail,
ſhepherd's purſe,
plantain,
mouſe-ear, &c.

by boiling two or three of theſe drugs, in the water of a ſmith's forge, or in ſtrong wine.

2°. By fumigation, which is received in a perforated chair, and for which are employed

Frankincenſe,
Maſtic,
Labdanum,
Dried province roſes,
Sandarac, or gum juniper.

Two or three of theſe drugs, being ſelected, muſt be mixt together in equal quantities; and thrown, by pinches, on a burning coal; and the fumes received, by a funnel, to convey them to the parts of the *vagina*, which are relaxed or elongated.

3°. It is obſerved, that theſe folds, or elongations, of the coat of the *vagina*, diſappear in the patients, when they are with child, as they advance in their pregnancy: becauſe the *uterus*, then aſcending to the higheſt part of the *pelvis*, on account of the bigneſs it acquires, draws back, and lengthens the *vagina*; which effaces all its folds and elongations. But the diſorder returns after delivery; and often in an increaſed manner.

4°. If theſe elongations become too troubleſome by their largeneſs; or that they be ſchirrous, or ulcerated, there ſhould be no heſitation made, in cutting them off, by putting in practice the method before propoſed for excreſcences.

ARTICLE II.

Of the reverſing of the uterus, *which falls down in that ſtate.*

SOmetimes the *fundus* of the *uterus* preſents itſelf at the orifice reverſed; that is to ſay, turned in-

ſide outwards, like a glove; comes out followed by the reſt of the *uterus*; and forms, in the *vagina*, a round tumour of a pretty large magnitude: which has been often taken for the common *deſcenſus* of the *uterus*, that has been ſpoken of in the preceding chapter, by ſome phyſicians, who have confounded them together.

This accident never happens, but in labours; and it always proceeds, either from the imprudence of the midwife, who drags the afterbirth with too much violence; and, by that means, draws out the *fundus* of the *uterus*; or, what is more common, by convulſive contractions, which agitate the *uterus* in hard labours; and thruſt the *fundus* out at the orifice, where it is entangled in the ſame manner, as the inteſtines are ſometimes known to be, with each other, in violent colics.

This ſtate is always accompanied with an acute pain, and ſoon followed by inflammation, gangrene, and death; if it be not quickly remedied, by reducing the *uterus*. This is alone ſufficient to afford the means of diſtinguiſhing the *deſcenſus* of the *uterus* reverſed, from the common *deſcenſus* of it. The firſt happens only in labours; and the other happens, alſo, ſometimes in conſequence of labours; but oftner without any labour's being at all concerned in its production. The firſt is always fatal, at leaſt without a quick relief; and the other is never ſo; at leaſt not quickly. But theſe two kinds of *deſcenſuſſes* are ſtill better diſtinguiſhed, by the following ſigns.

1°. In the one, the *uterus* preſents itſelf, like a glove turned inſide outwards; and, in the other, it preſerves its common ſtate; and deſcends entirely, without any reverſing.

2°. In the one, the *uterus* preſents itſelf as a round body, of which the ſurface is pulpy, and like velvet; and in which, neither middle, neck, nor orifice, are diſtinguiſhed: and, in the other, are perceived the middle, neck, and orifice of the *uterus*; and the body, that preſents itſelf, is oval, firm, and ſmooth.

But

But enough has been ſaid on this: and I do not conceive it proper to proceed further here on the diſcuſſion of a ſubject, that properly *belongs to a Treatiſe on Labours.*

CHAP. XII.

Of the diſeaſes of the ovaria, *and Fallopian tubes.*

ARTICLE I.

Of the diſeaſes of the ovaria.

§. I. *Deſcription of the ſtructure of the* ovaria; *and the nature of the diſeaſes incident to them.*

I. THE *ovaria* are two bodies of a middling ſize, and oval figure, but ſomewhat flattiſh, placed on the right and left, at one or two fingers breadth from the *uterus*, nearly at the ſame height with its *fundus*, adhering there by the means of a membranous cord, and ſuſpended by the expanſions of the *peritonæum*, which extend themſelves from the *uterus*, towards the region of the loins; and known by the name of the *broad ligaments* of the *uterus.*

The *ovaria*, as well as the other *viſcera*, have a coat which covers them; and veſſels, which belong to them; as arteries, veins, lymphatic veſſels, and nerves; but it is not neceſſary to make a particular deſcription of them here: becauſe they have no ſhare, or not in any particular manner, in the production of the diſeaſes, which are incident to theſe parts.

It is of greater importance to obſerve, that the *ovaria* are compoſed of two diſtinct ſubſtances: the one, which is in the ſuperior part, and formed by the intertexture of ſeveral tendinous fibres, cutting each other in every direction, but looſely, and making a ſpongy body: the other, which is at the inferior part,

and ſeparated into ſeveral ſmall *cellulæ*, membranous and diſtinct; in each of which is contained a ſpherical bladder, full of a limpid lymph.

Each of theſe *veſiculæ* is fixed to the bottom of its *cellula*. They are in great number; and very much alike as to form, but different with reſpect to their bigneſs; there being of all ſizes, from that of a ſmall pea, to that of a millet ſeed, and even leſs.

Many obſervations have informed us, that each of theſe *cellulæ* are perforated on the outſide, with a little nick, intirely cloſe, and imperceptible in the common ſtate; but which opens, when the *veſicula* ſwells by fecundation, till it ſuffers the ſame to come out; and fall into the tube. It has been even remarked, that a conſiderable time after the falling down of the *veſicula*, the place of the *ovarium*, where it paſſed out, remains red; and affords what is called the *cicatricula*, of which the number anſwers in the *ovarium*, to the number of *fœtuſſes*, that there has been in the *uterus*.

For more than a century, thoſe who have ſtudied, with the greateſt application, the œconomy of the human body; and endeavoured to penetrate into the myſteries of generation; have imagined, they have found ſome analogy betwixt that of oviparous animals, and that of viviparous: and, in this opinion, they have regarded theſe *veſiculæ*, as ſo many eggs, which are ſubſervient to generation, when they are fecundated. From whence it proceeds, that they have called the two bodies, we have been deſcribing, *ovaria*; and given them no other name.

II. The *ovaria*, beſides the diſeaſes they are ſubject to in common with other parts, have ſome, likewiſe, which are peculiar to themſelves. There are accounted among ſuch diſeaſes,

1°. Inflammation, and the conſequences of it, when it does not terminate by the way of reſolution: viz. abſceſs, and gangrene.

2°. *Schirruſſes*; ſometimes continuous; and ſometimes ſeparated into ſeveral *moleculæ*, which are particularly peculiar to the ſpongy, or ſuperior ſubſtance

of the *ovaria*. It ſometimes happens, that ſuch *ſchirruſſes* turn to cancers.

3°. Hydatids [1], or round *veſiculæ* of different magnitude adhering to the exterior ſurface of the *ovaria*; and full of viſcid and tranſparent lymph.

4°. The incyſted dropſy [2]; in which the water collected, is contained in a membranous bag; of which the extent and thickneſs vary very much.

5°. The conception of an *embryo* in the *ovarium* itſelf; where it grows till it becomes of the magnitude of an inch; of which there are inſtances atteſted by indiſputable obſervations [3].

6°. Incyſted tumours, *ſteatomas*, *atheromas*, or *meliceriſſes* [4]; which are commonly formed in the cellular or inferior ſubſtance of the *ovaria:* of which the magnitude varies in different caſes; and where there is contained in the bag, a matter that is caſeous; ſebaceous; purulent; more or leſs thick; and of different colours, as brown, grey, or yellow. But what is moſt extraordinary, there is often found, in theſe tumours, little balls of hair [5], intirely reſembling common hair, except in being finer.

[1] Mémoires de l'Académie Royale des Sciences, ann. 1711. Acta Berolinenſia, Vol. VII. pag. 76.

[2] J. Riolanus, Anthropogr. lib. ii. cap. 35. Freder. Ruyſchius, Obſerv. anatomic. 17. J. B. Bianchi, de Generatione, pag. 187. Hans Sloane, Tranſact. Philoſ. ann. 1699. n°. 252. artic. 1.

Henricus Sampſon, *ibid.* ann. 1678. n°. 140 artic. 1.

Jacobus Douglas, Medicus, *ibid.* ann. 1706. n° 308. art. 3.

Johannes Belchier, *ibid.* ann. 1732. n°. 423. artic. 3.

Johannes Huldricus Peyer Imoff, in Theſibus defenſis Baſileæ, ann. 1719.

[3] Obſervations inſerted in the Journal of medicine, of the Abbe Roque of the month of January 1682, related in Latin, in the Bibliothéque anatomique, Tom. I. pag. 623.

Alexis Litre, Mémoires de l'Académie des Sciences, ann. 1701.

[4] Fred. Ruyſchius, Adverſar. anatomic. Decad. I. pag. 6.

[5] J. Bauhinus apud Theoph. Bonetum, Sepulchr. lib. iii. §. 33. obſerv. 4. n°. 6. Et apud J. Schenckium, lib. iv. obſerv. 116.

C. Bauhinus, Anatom. lib. i. cap. 31. Et apud Hercul. Saxoniam, *de Plicâ*, cap. 12.

Guillelmus Fabricius Hildanus, Obſerv. Chirurg. cent. v. obſervat 48.

Gregorius Horſtius, Obſervat. Medic. lib. iv. obſerv. 53.

Daniel Sennertus, lib. iv. part. 1. §. 2. cap. 20.

§. II. CAUSES.

After what has been already ſaid of the greateſt part of theſe diſeaſes, with relation to the *uterus*, it is not neceſſary to repeat the particulars here; but only to point them out in few words.

Thus, 1°. The inflammation of the *ovaria* depends on the ſame cauſes, as that of the *uterus:* inſomuch, that it ſcarcely ever happens, but in conſequence of ſuch inflammation. If the whole body of the *uterus* be inflamed, the two *ovaria* will be ſo alſo, which is, however, rare: but there will be only one inflamed, if the inflammation be only on one ſide of the *uterus:* and not either, if the inflammation affect only the interior coat of the *uterus*; or, at leaſt, only the neck.

The conſequences of the inflammmation of the *ovaria*, is almoſt always the ſame with thoſe of that of the *uterus*. If ſuch inflammation be diſcuſſed, by way of reſolution, that of the *ovaria* will terminate in the ſame manner; and, on the contrary, they turn into a gangrene, or abſceſs, if that of the *uterus* take either of theſe turns.

2°. The *ſchirruſſes* of the *uterus* proceed from the ſtagnation of the lymph: which is retained, and grows thick, in their ſpongy ſubſtance. If the lymph ſtop in an uniform manner, in the whole, or a certain extent of this ſubſtance, the *ſchirrus* will be continuous. It will be ſeparated into ſeveral *moleculæ*, if the lymph ſtop in ſeveral diſtinct places; and grow hard there.

Johannes Rhodius, Obſervat. cent. iii. obſerv. 44.

Acad. des Sciences. ann. 1743. pag. 82. H. Cornelius Stalpart vander Wiel, Obſervat. rariorum centur. poſt obſerv. 6.

Stephanus Blancardus, Anat. pract. cent. ii. obſerv. 27.

Auguſtinus Buddeus, Miſcellan. Berolin. contin. ii. pag. 16.

Martinus Naboth, in Diſſertat. de Sterilitate, cap. 2.

Jacques Yonge, Tranſ. Philoſoph. ann. 1707. n°. 309. art. 6.

Polycarpius Gottlieb Schacher, in Commerc. literario Norimbergenſi, ann. 1736. pag. 103. Et in Diſſertatione de Ovarii tumore piloſo, Lipſiæ 1735. quæ proſtat. Tom. IV. Collect. Hallerianæ.

Be-

Beſides the cauſes, which, as has been ſaid above, *Chap. V. of this book*, may occaſion the lymph to ſtop in the *uterus*; and give riſe there to the generation of *ſchirruſſes*, which may produce the ſame effect in the *ovaria*; it is apparent, that there are, with regard to the *ovaria*, particular cauſes, which contribute to it there. Among theſe cauſes, may be enumerated the paſſion of love; which produces in the *ovaria*, as well as in the other neighbouring parts, contractions, and *erethiſmi*, capable of turning the courſe of the lymph; eſpecially if they be interrupted, ſuſpended, or checked by contrary contractions; ſuch as fear, ſhame, and ſurprize, produce: and from thence it proceeds, that theſe illneſſes are more common to girls and widows, than to women.

After what has been ſaid above, *Chap. VII. of this book*, of the production of cancers in the *uterus*, there is no occaſion to declare, that the *ſchirrus* of the *ovaria*, if it become ſufficiently hard to merit the name of perfect *ſchirrus*, may be converted into a cancer by the ſame cauſes, which bring about the ſame change in the *ſchirruſſes* of the other parts.

3°. When the lymph ſtagnates in the ſpongy ſubſtance of the *ovaria*, it produces a *ſchirrus* there; as has been ſhewn: but when it ſtagnates only in the ſmall lymphatic veſſels diſtributed in the exterior ſurface of the *ovaria*, it produces only hydatids, by dilating the different interſtices of the ſmall valves of theſe veſſels; as has been explained in the *Treatiſe on Tumours*, *Book III*, *Chap. II.* Thus all the cauſes, which obſtruct the return of the lymph, but more weakly than in the *ſchirrus*, produce hydatids on the ſurface of the *ovaria*, more or leſs numerous; and more or leſs large; according to the degree of their power.

It is not impoſſible, but that the two *ovaria* may be, at the ſame time, converted into hydatids: but it rarely happens. They are not commonly to be found in more than one: and often, it is only a part of the ſurface of one, which is converted into them.

There

There are ſome authors, who are of opinion, that the hydatids are formed by the tumefaction of the *ova* or *veſiculæ* contained in the *cellulæ:* but that appears to be impoſſible; as theſe *veſiculæ* are under the coat of the *ovaria.*

4°. If any hydatid grow conſiderably, it will form a bag, full of a lymphous *ſerum*; and, conſequently, a dropſy of the *ovarium:* of which there are many accounts. Sometimes this bag, which makes the dropſy, is ſingle; and, ſometimes, it is ſurrounded with ſeveral hydatids; that are ſmaller. Theſe differences ariſe, either from the poſition of the obſtacle, which checks the courſe of the lymph, in one, or in ſeveral veſſels; or from the different dilatability of the lymphatic veſſels.

5°. There is reaſon to be ſurprized, at finding an *embryo* in one of the *ovaria*; and at ſeeing conception brought about, ſo far diſtant from the *uterus:* but that there have been ſuch, is certain. It is difficult to comprehend how the male *ſemen* can reach thither: but, the fact [1] being proved from obſervations, it is evident, that the *embryo* is retained in the *ovarium*, only by the denſity of the coat, which covers it: by the ſmallneſs of the hole, through which it ſhould paſs out; and, which is the moſt common, by the convulſive contractions of theſe parts, occaſioned by the ſhame, and fear, with which the paſſion is indulged; and the apprehenſion, that prevails, of the conſequences. From thence it has reſulted, that theſe accidents, at leaſt all thoſe which have been known, have been almoſt all obſerved in the opening girls.

6°. As hydatids are formed in the *ovaria*, incyſted tumours may be alſo formed there. I have intimated in the *Treatiſe on Tumours*, that theſe depend on the ſame cauſes, as hydatids; and Ruyſch has obſerved [2], they are of the ſame nature.

Beſides the incyſted tumours, common to other parts, a particular kind is formed in the *ovaria*, by

[1] Ruyſch. *Theſaur. V.* n°. 21. & *Adverſar. Decad. I.*

[2] Idem. *de Valvulis, cap.* iv. *obſerv.* 25.

the

the putrefaction of *embryos*, which have been conceived, and perished there. In these *steatomas*, or *atheromas*, there is a matter more like *pus*, than in that of the common kind; and which gives them the appearance of an abscess.

There are found in them balls of hair; as has been already mentioned; for which the sagacity of anatomists could never hitherto account. I conjecture, with some probability, that these hairs are those of the *embryos*, which have perished there; and which have continued to grow, as it is known to do in dead bodies. If it were true, as Ruysch [1] has said, that there has been found a range of teeth, *racemum dentium*, it must be supposed, in the same manner, that it was the teeth of an *embryo*, which had continued to grow; as Bianchi [2] pretends, they did in a dead child, which remained fifteen months in the womb of its mother.

§. III. Symptoms.

In general, the diseases, of which we are treating, are scarcely to be distinguished by their symptoms.

I. The inflammation of the *ovaria* is always attended by heat, and pain, in the place of the belly, where they are placed: but these symptoms, as well as the fever which follows, are almost always attributed to the inflammation of the *uterus*, which is joined to that of the *ovaria*.

The abscesses of the *ovaria* are too small, in the beginning, to make themselves be perceived. And when they are become larger, they produce, in the diseased side, tension and a dull pain; and cause, sometimes, a slight disposition to fever, as all other internal abscesses.

With respect to the gangrene, as it happens to the *ovaria* at the same time as to the *uterus*, it produces the same symptoms, as have been enumerated above, *Chap. II.*

[1] Adversar. anatom. *Decad. III. pag.* 6. & 20. Mém. de l'Acad. ann. 1743. pag. 88.

[2] De *Generatione*, pag. 142, 143.

II. They

II. The *ſchirrus* of the *ovaria* is formed, in the beginning, quietly, and without being perceived. But when it has acquired a certain magnitude, it conſtrains, in ſome degree, the motion of the body; and cauſes a ſenſe of tenſion; and ſometimes becomes even diſtinguiſhable by the touch.

III. It is the ſame with relation to the hydatids, and the dropſy of the *ovaria*. The hydatids are ſeldom ſuſpected: and the dropſy is not begun to be ſuſpected, till it has acquired ſufficient bulk to render perceptible, in the place where the *ovaria* are ſituated, a ſoft and circumſcribed tumour.

IV. As to conception in the *ovaria*, the women have not the leaſt perception when it happens: and the *embryo*, confined in its *cellulæ*, periſhes, before it can give the leaſt notice of its exiſtence.

V. Much the ſame may be ſaid of the incyſted tumours, even thoſe which proceed from an *embryo* deſtroyed, and putrefied. They ſeldom become ſufficiently large, to be capable of cauſing any diſtinguiſhable pain.

§. IV. DIAGNOSTIC *and* PROGNOSTIC.

I. It may be judged, by what has been ſaid, what the diagnoſtic of the diſeaſes of the *ovaria* may be. It may be known when they are inflamed, by the heat and pain of the place where they are ſituated; and by the fever which attends. The ſuppuration and gangrene, with which they are threatened, may be judged of, by obſerving attentively the progreſs of the inflammation. But as to the other diſeaſes, they do not afford the leaſt ground of ſuſpicion, when they are in an incipient ſtate; and it is only when they have a conſiderable largeneſs, the patients themſelves begin ſometimes to be ſenſible of them.

II. With regard to the prognoſtic, all the diſeaſes of the *ovaria* are bad. If they could be diſtinguiſhed early, there are ſome that might perhaps be cured. But, by the time any reaſon of doubt is furniſhed, the diſorder is already confirmed; and become al-

moſt

moſt always incurable. Every thing, therefore, that can be done, is confined to the checking the progreſs, and diminiſhing the accidents of it.

§. V. *Method of cure.*

I. The remedies, which have been propoſed above, *Book II, Chap. I, and the following*, for the inflammation of the *uterus*, and its conſequences, muſt be employed for that of the *ovaria*, and its conſequences.

II. In all the other diſeaſes of the *ovaria*, a plaſter of *diabotanum*, and of the mucilages, *malaxes*, together, in equal quantities; or a plaſter of hemlock, ſhould be applied on the *ovarium* affected: embrocations on the part, with oil of camomile, or of earth-worms, being firſt made; and renewed every day.

III. As to internal remedies, the patients ſhould be bled in the arm, and purged often with gentle cathartics; preſcribing a proper regimen, agreeably to the curative intentions; and ordering bitter broths, with martial ſoluble tartar; whey chalybeated; aſſes milk; ſlight chalybeate waters; warm half baths; and particularly diuretic boluſſes; broths, and ptiſans, to prevent the danger of a dropſy of the *abdomen*; which the diſeaſes of the *ovaria* often bring on.

IV. Laſtly, in dropſies of the *ovaria*, which are very large; and, on that account, dangerous; it may ſeem, that a puncture may be made, with a trochar, to evacuate the *ſerum*, which is contained in them: but it will be ſhewn in the following article, in ſpeaking of the dropſies of the Fallopian tubes, that although there appears to be ſtrong indications of its uſe, it is, nevertheleſs, attended with great inconveniencies in many places.

ARTICLE II.

Of the diſeaſes of the Fallopian tubes.

§. I. *Deſcription of the Fallopian tubes, and of their diſeaſes.*

I. THE Fallopian tubes are a kind of ducts, being two in number, in form of inteſtines; which extend from the *fundus* of the *uterus*, on the right and left, to the *ovarium* of the ſame ſide; not in a right line; but in ſome meaſure bending back; and taking, ſometimes, a greater compaſs.

The bottom, which adheres to the *uterus*, paſſes through all its membranes; and the cavity of the tube communicates with that of the *uterus*; but by a very narrow opening. From thence, in aſcending towards the *ovaria*, this cavity grows wider, quite to the oppoſite end; where there is no diminution of it for a ſhort ſpace: after which, the tube grows broader; and forms a kind of flag; to which the edge, divided into ſeveral membranous ſtrings, makes a kind of fringe: on which account, they have given it the name of *corpus fimbriatum*.

Theſe tubes are kept in their place, by an expanſion of the *peritonæum*; which ſerves as a ſmall meſentery: but the end, which is next the *ovarium*, is looſe; and adhering to the *ovarium*, only by a portion of its *corpus fimbriatum*, in a very lax manner.

Two coats are diſtinguiſhed in each tube: the one exterior; which is purely membranous: the other interior; membranous likewiſe, but pulpy in the inſide, like velvet; and moiſtened with a viſcid lymph: which evinces, that ſome ſecretion is made there. This coat is folded in ſeveral places; from whence proceed the *rugæ*, and a kind of *cellulæ*, which are remarked in the cavity of the tubes.

Betwixt the two coats of the tubes, there are often viſible, muſcular fibres, both longitudinal aad circular; which ſerve to perform the periſtaltic, or vermicular

micular motion of these ducts, when there is occasion to convey, into the *uterus*, the fecundated egg, they have received from the *ovarium* by their *corpus fimbriatum*. For that is the use, which is ascribed to the tubes; and appears to be justly so, by the confirmation of observations. It is very apparent, that the divisions of the edges of the *corpus fimbriatum*, are nothing but little muscles, which serve to embrace the interior part of the *ovarium*, in the time of conception; and which hold the *corpus fimbriatum* of the tubes close to it, till the fecundated egg enters into them.

II. The tubes are subject to nearly the same diseases as the *ovaria*.

1°. They may be inflamed; and, consequently, they are liable to abscesses and gangrene.

2°. They may become schirrous, either in their whole length; or, otherwise, at one of their ends.

3°. They may be covered with hydatids, as well on their exterior surface, as on the interior: and some of these hydatids, by growing large, may form an hydatic dropsy.

4°. They may, besides, become dropsical, by a collection of *serum*, which fills their cavity; and dilates it beyond measure; as appears by several accounts [1].

5°. It may happen, that the fecundated egg may stop in them, and fix itself to them; and that the *fœtus*, which is contained in it, may grow till it lacerates the tube; and kills the mother. This sort of pregnancy in the Fallopian tubes is not rare. It will, however, be sufficient to cite [2] those instances, which are most known, and certain.

6°. In-

[1] Nicolaus Tulpius, *Observation. Medicar. Lib. iv. Observ.* 45.

Acta Eruditorum Lipsiensa, *ann.* 1701. *mens. Februario.*

Ephemeridum Germanicar. *Decur. II. anno* 2. *Observ.* 95.

Johannes Baptista Bianchi, *De Generatione, pag.* 187. Il s'agit d'une hydropisie de trompe de 80. livres pesant.

Johannes Munnicks, *in Bibliotheca anatomica, Tom. I. pag.* 624. Il est question d'une hydropisie de trompe de 112 livres.

[2] John Riolan relates, in 1750, in his *Anthropography, Book II. Chap.*

6°. Incysted tumours may be formed in the tubes, as in other parts: and there may, likewise, be formed a kind of abscesses, which have great affinity with them, when the fecundated egg is retained in the tube, perishes there, and is converted into a thick corrupted matter: as it happens also in the *ovaria*, in parallel cases.

7°. It has been often observed [1], that the fringed edges of the *corpus fimbriatum* of one of the tubes, was fixed to the *ovarium*; with which, by that means, the tube cohered; and was rendered incapable of receiving the fecundated egg, that fell from the *ovaria*, at some place where it was not brought close to them.

8°. Lastly, it sometimes happens, that the opening of the tubes into the [2] *uterus* is so exactly closed, as not to be capable of admitting a hog's bristle to be introduced into it; and that often, there does not remain the least appearance of it. The same thing happens with respect to the *corpus fimbriatum*; but more rarely. This state is not followed by any disorder

Chap. 35. several observations on the largeness of the tubes; and particularly one, which had been made by the physicians of the court, on the washer-woman of the queen (Anne of Austria). But little faith is given to his accounts: and, if Bartholin may be believed, *Anatom. Book I. Chap.* 17. Guy Parin had told him: that Riolan himself did not believe it: and that he had mentioned it out of complaisance to a physician of the court (Peter Sequin, first physician to the queen). The truth is, however, at last evident; and the largeness of the tubes have been presented to the eyes of all the observers. Of the great number of this sort of accounts, I shall only point out two, which are beyond all doubt: the one of Mr. Litre; and the other of Mr. Vernai: both related in the *Memoirs of the Academy of Sciences, anno* 1702. To which may be added, the account given by Mr. Paul Busiere, surgeon, in the Philosophic Transactions, ann. 1694. n° 207. article 24.

[1] Regnerus de Graaf, *Libro de genitalibus Mulierum, cap.* 1.

Ruyschius, *Adversar. anatomic. Decad. II.*

Du Vernai, *Mémoires de l'Academ. des Sciences, année* 1702. *pag.* 302.

[2] Ruyschius, *Observat. anatomic.* 83. *Adversar. anatomic. Decad. I. pag.* 7.

of

of the functions, when it happens only to one [1] tube: but if both are affected, it cauſes an incurable barrenneſs.

§. II. CAUSES.

After what has been delivered, reſpecting diſeaſes of the *ovaria*, there remains little to be ſaid of thoſe of the Fallopian tubes.

I. The inflammation of the tubes; as alſo the abſceſſes, and gangrene; which ſometimes ſucceed to it; depend on the ſame cauſes as the inflammation, abſceſſes, and gangrene of the *ovaria*.

II. The ſame holds good of the *ſchirruſſes*, and the hydatic dropſy. The cauſes of theſe diſeaſes have been explained in *the Treatiſe on Tumours and Ulcers*; and it ſeems moſt proper to refer to that work.

III. It may happen, that the tube may be cloſed at the two ends; and then the lymph, that is filtered in its cavity, will be collected, and form a dropſy; which will ſwell the tube, ſo as to render it incapable of being known. The ſame thing may proceed from the obſtruction alone of the lower end of the tube, which is the narroweſt, and moſt liable to be ſtopt. In this caſe, the lymph, retained in the cavity of the tube, will dilate it; and, by that means, cloſe up the opening of the other end; and prevent all evacuation from it: which will, likewiſe, form a dropſy of the tube.

IV. The fecundated *ovum*, which falls into the tube, may be ſtopt there by ſeveral cauſes. It may be too late in getting looſe from the *ovarium*; and may be too big to paſs through the tube. The tube itſelf may be ſtopt; or, at leaſt, be too narrow; or not have a ſufficiently ſtrong periſtaltic motion, to move forwards the *ovum*. Moreover, the *ovum* may be ſtopt behind ſome of the *rugæ*; or in ſome *cellula* of the tube. In all theſe caſes, the *ovum* will ſoon grow there; as if it was in the *uterus*; and give riſe to

[1] Weitbrecht. in Commentar. *inter Phyſicas Diſſertationes*, Art. Academ. Petropolitanæ. *Tome IV.* *XIV.*

a pregnancy of the Fallopian tube, which will, in the end, be fatal to the mother.

V. Incysted tumours may be formed in the tubes, from the same reasons, which occasion their being formed in the other parts; concerning which, the *Treatise on Tumours, Book V. Chap. II*, may be consulted. But besides this, if the fecundated *ovum*, which is stopt there, be brought to a state of corruption, there will be formed an abscess, very like to a *steatoma*, or *atheroma*; and similar to those formed in the *ovaria*, in the same case.

VI. It is apparent, that the adhesion of the *corpus fimbriatum* of the tube with the *ovarium*, proceeds from this: that, in some preceding fecundation, the *phlogosis*, in which the *ovarium* is in that case, has dried up the lymph, which supplied it externally; as well as that which supplied the fringes of the *corpus fimbriatum*; and thence occasioned them to unite together, and cohere, when either of these parts are inflamed.

VII. Lastly, the opening of the tubes into the *uterus* is closed, and effaced, either because the *uterus* becomes schirrous; or because the place, where they open into it, has been exposed to some *phlogosis*, in a hard labour. Causes, nearly similar, may close up the tubes in the end next the *ovaria*; but this happens more rarely.

§. III. DIAGNOSTIC *and* PROGNOSTIC.

Diagnostic. Excepting the inflammation of the Fallopian tubes, which may be known by symptoms, that are peculiar to it, the other diseases of them are not evinced by any sign in the beginning; and, afterwards, the signs, by which they are made known, are so ambiguous, that scarcely any thing can be concluded from them. It happens, therefore, constantly, that there are found, in the opening of dead bodies, illnesses and disorders, of which there was not the least suspicion.

Prog-

Prognoſtic. The ignorance of the patients, concerning the greateſt part of the diſeaſes of the Fallopian tubes, ſaves them the uneaſineſs, they would have, if they were better informed; and the phyſicians the neceſſity of judging of the conſequences of thoſe diſorders.

It is only known in theory, 1°. That the inflammation commonly terminates by the way of reſolution: which leads to a recovery: whereas thoſe of abſceſs, and gangrene, are always fatal.

2°. That *ſchirruſſes*; hydatids; the hydatid dropſy; and the dropſy of the cavity of the tubes; make a ſlow progreſs: and the patients bear them a long time: except, however, the two kinds of dropſy; which, in conſequence of increaſing, burſt, at laſt, into the *abdomen*; and produce there an aſcitic dropſy.

3°. That the pregnancy of the tube brings on, always, the death of the patient; whether the *fœtus* putrefy in the tube, which produces a mortal abſceſs there: or lacerate the tube, and fall into the *abdomen*, which kills the patient, either by the hæmorrhage; or the putrefaction of the *fœtus*. There are, nevertheleſs, ſome inſtances of women, who have borne for a long time, in their bellies, a *fœtus* dried gradually; and become like a mummy. But theſe inſtances are too rare, to give foundation to any principle.

4°. That the incyſted tumours, of what kind ſoever they be, grow very ſlowly; and continue a long time without incommoding the patients. It affords matter of ſurprize to find them, in opening dead women, in whom there was not the leaſt ſuſpicion of them during their lives.

5°. That the adheſion of the *corpus fimbriatum*, of the Fallopian tubes, with the *ovaria*, and the obſtructions of the cavity of the tubes themſelves may injure generation: but do not cauſe any other inconvenience, nor occaſion any danger.

§. IV. *Method of cure.*

We ſhall not repeat here, what has been ſaid with relation to the diſeaſes of the *ovaria*, it is ſufficient to intimate, that the ſame remedies are proper, likewiſe, in thoſe of the Fallopian tubes; and that they ſhould be employed in them; but without preſuming too much on their efficacy.

There are only two articles, which demand any particular conſideration. The firſt reſpects the two dropſies of the Fallopian tubes. It ſeems, that when their volume makes them diſtinguiſhable by the touch alone; and that there is reaſon to believe they will burſt into the *abdomen*, which would produce an aſcitic dropſy, they ſhould be evacuated, by making a puncture with a trochar. It is even known, that this operation has been practiſed with ſucceſs, by a Daniſh phyſician [1], in a caſe of this kind; as Thomas Bartholin [2] reports. It is certain, that this operation would be very advantageous, if the bag, in which the water is contained, adhered to the *peritonæum*, in the place where the puncture was made; and that was evidently the caſe, where the operation ſucceeded ſo well with the Daniſh phyſician. But if, unfortunately, the bag ſhould not adhere, the operation would be fatal; becauſe the aperture, that would be made in the bag, would occaſion the diſcharge into the *abdomen*, of the water that was collected in the dropſy of the tube. But as there are no criterions, which may ſhew, whether the bag adhere in ſuch manner or no, the reſult will be, that the operation may ſucceed ſometimes; and not others. Therefore it ought not to be practiſed, unleſs in caſes of manifeſt danger.

The *other* article concerns a pregnancy in the tubes. It appears, that as ſoon as it is certainly diſtinguiſhed, a cure ſhould be attempted, by performing the Cæſarean operation, on the ſide where the child is placed: and

[1] Jean-Henry Brechtfeld. [2] In Actis Medicis *Hafnienſibus, pag.* 194.

this

this operation, where it is only requiſite to cut the tube, would be much leſs dangerous, than where it is neceſſary to cut the *uterus*. Theſe reaſons ſeem ſo prevalent, that, unleſs where the ſtate of the patient throws ſome obſtacle in the way, I am of opinion this practice ought to be followed: and it is, moreover, authoriſed by a celebrated [1] inſtance.

CHAP. XIII.

Of the hyſteric paſſion, or uterine ſuffocation.

§. I. DESCRIPTION.

THE diſeaſe, known under the name of *hyſteric paſſion*, ſuffocation, ſtrangulation, and uterine epilepſy, is not ſo properly one diſeaſe, as a complication of ſeveral different diſeaſes; which has occaſioned the greateſt part of the authors, who have written on the diſeaſes of women, to treat of them ſeparately in different chapters. But I do not think it right to follow their example; for, as theſe ſeveral diſeaſes depend all on the ſame cauſe; relate all to the ſame diſorder of the œconomy; and require all the ſame treatment as to eſſentials; it appears to me proper to include the explanation that is given of them in one chapter.

The hyſteric paſſion is liable to returns, or *paroxyſms*; which are more or leſs frequent, long, or violent; and attended with a greater, or leſs, number of accidents; according to the difference of the ſubjects, and circumſtances.

[1] That of Abraham Cyrianus, profeſſor of anatomy and ſurgery in the academy of Franequer. He relates it in a diſſertation, intitled, *Epiſtola hiſtoriam exhibens fœtûs humani poſt 21 menſes ex uteri tubâ, matre ſalvâ ac ſuperſtite, exciſi, ad Thomam Millington, Equitem auratum, Medicum regium ordinarium, et Collegii Medicorum Londinenſium Præſidem.* Lugd. Batav. 1700. in-8°.

Theſe returns are always irregular; and do not keep any certain periods. The diſorder is exceſſive, as long as it laſts: but, as ſoon as it is over, the patients are in an eaſy ſtate; and, ſometimes, in ſuch as reſembles perfect health.

Theſe returns are ſhewn by yawnings, pandiculations, hiccups, creepings of the inteſtines, and a redneſs, which riſes ſuddenly into the face, attended with a very ſenſible heat: and often followed with a coldneſs, proportionable to the redneſs and heat which have preceded. The returns end with profound ſighs, ſlow, and repeated; with the eruption of wind, which comes from the ſtomach; and particularly with a diſcharge, more or leſs copious, of a lymphatic, and, ſometimes, bloody *ſerum*, that flows from the *vagina*.

In the height of the *paroxyſm*, there is no function of the body, which may not be put in diſorder: and, indeed, frequently is not. With regard, therefore, to the animal functions, there are faintings, ſometimes, with an abſolute loſs of ſenſe, and perception; and, ſometimes, with a confuſed power of hearing, and even of ſeeing, without being able to give the leaſt ſign of it, during the fit; *deliria*; *paralyſes* of ſhort duration, and almoſt momentary, of an arm, leg, hand, or ſome of the fingers; and convulſions, and convulſive motions, of the arms, legs, fingers, eyes, head, and particularly the trunk of the body; which is bent forwards or backwards; and remains, ſometimes, bent in one or other of theſe directions; and, ſometimes, recovers an upright poſition. The patients, moreover, burſt, ſometimes, into tears, without any reaſon; and, ſometimes, into laughter, with yet leſs cauſe.

With regard to the vital functions, the patients fall into *deliquia* and vomitings; the heart beats, and palpitates irregularly; the pulſe changes, and varies in a thouſand manners; the reſpiration varies likewiſe; and, ſometimes, together with the beating of the heart, and the pulſation of the arteries, intirely diſappears.

Laſtly,

Laſtly, with regard to the natural functions, the fits are commonly attended with hiccups; heartburn; nauſeas; vomitings; and, particularly, murmurings, almoſt continual, in the belly.

The patients complain, beſides, of heat in the whole body; which obliges them to uncover themſelves; and which are ſoon ſucceeded by a cold, that makes them ſhiver. They complain, alſo, of pain in the loins, back, thighs, ſides of the breaſt, and eſpecially the head; where theſe pains, only extending to a ſmall ſpace, have occaſioned their being called *ovum hyſtericum*, or *clavis hyſtericus*. Theſe pains ſeem either of the nature of pulſations, or diſtenſions; or both at the ſame time: and they are ſeated in different parts of the head; in the forehead, temples, back, or crown. It may be well judged, that all the numerous accidents, of which we have ſpoken, do not all happen, to the ſame patient; eſpecially all at the ſame time: but there are none of them, but what happen at ſome time, in ſome patient; and ſhould, therefore, be regarded as ſymptoms of this diſorder.

Among theſe accidents, there are four that are principal: which are obſerved in every fit; although they are not always in the ſame degree: and which may be conſidered as eſſential to this diſorder. It is, therefore, certain,

1°. That the fit begins always with ſome dull ſenſation, and obſcure motion, which the patient perceives in the *uterus*.

2°. That this ſtate is followed by ſome contraction of the neck, which makes the patient complain of being choaked.

3°. That the *thorax* is, at the ſame time, impreſſed together in the under part, and the ſides; as by a circle of iron.

4°. Laſtly, that the patients feel in the *abdomen*, as it were, a ball, which rolls, and ſhifts, into different places, ſometimes larger, and ſofter; and, ſometimes, ſmaller, and harder.

There ſhould be three different ſtates diſtinguiſhed in the hyſteric paſſion. In the *firſt*, there is always the four ſymptoms, of which we have ſpoken, though in a weak degree; but ſenſe and perception, as well as reſpiration, and the beating of the heart and arteries, always ſubſiſt in ſome degree; with whatever difficulty and irregularity they may be performed. This *firſt* degree of the hyſteric paſſion is common.

In the *ſecond*, beſides the four pathognomic ſymptoms, which are then more ſtrong, perception and ſenſe are loſt; and all the parts of the body are affected, and agitated, by different convulſive motions: but the reſpiration, and the pulſe, ſubſiſt, although weakly, and with very great irregularity. This *ſecond* degree of the diſorder is more rare.

Laſtly, in the *third ſtate*, the motions of the parts ceaſe abſolutely; and even reſpiration, and the pulſe, appear to ceaſe alſo: ſo that the patients remain immoveable; cold; without perception; without appearance of reſpiration, or the beating of the heart; and, in ſhort, intirely like to a perſon dead. This frightful ſtate continues, ſometimes, for a conſiderable duration. There are accounts of its laſting for three days: and it ſo much reſembles death, that it has been miſtaken for that ſtate; and more than once the patients have been buried as dead perſons. This laſt ſtate of the diſorder, which is very terrifying, is, fortunately, very rare.

§. II. CAUSES.

In order to give a ſatisfactory account of a theory ſo difficult, as that of the hyſteric paſſion, it is neceſſary to lay down the following principles.

I. The hyſteric paſſion is a convulſive diſeaſe. This is evident by the convulſions, and convulſive motions, of the trunk, and members of the body: as alſo by the contraction of the heart, and *thorax*; and by the ball, which rolls in the *abdomen*. The ſame holds good, moreover, with relation to all the other ſymptoms; as will be ſhewn in the ſequel, in going on to explain them.

II. Theſe

II. Theſe convulſions, and convulſive motions, may regard the muſcles, and the muſcular fibres of the body; or the membranes, and the membranous fibres. In the *firſt* caſe, they are convulſions, and convulſive motions, properly called ſo; in the ſecond, they bear the name of *contractions*, or *ereithiſmus*.

III. All theſe ſeveral motions, whether belonging to the muſcular, or to the tendinous fibres, depend equally on an influx of animal ſpirits, which flow thither from the brain too copiouſly, or too impetuouſly, by their proper nerves.

IV. This too copious or too impetuous *influx*, proceeds always from an *idiopathic* cauſe; that is to ſay, ſuch as is proper and peculiar to the brain, which is the ſeat of it; and which agitates there the animal ſpirits, and propels them into the parts: or, from a ſympathetic cauſe; that is, to a cauſe, ſuch as is not in the brain; but, by acting on it, produces *per conſenſum*; that is to ſay, by a kind of ſympathetic mechaniſm; the ſame influx. There is no medium with reſpect to this: and a determination muſt be made for one or other of theſe cauſes.

V. It is certain, that in the hyſteric paſſion, there can be no ſuſpicion of *idiopathic* cauſes in the brain, capable of producing the accidents of this diſeaſe. In the time, when the hyſterical women are the beſt in health, the convulſive motions come upon them without any thing having preceded, which could affect the brain: and theſe ſame motions ceaſe all of a ſudden in the ſame manner; and leave it inſtantly in an intirely natural ſtate. There cannot, conſequently, be ſuppoſed, in this diſeaſe, any proper affection, nor any *idiopathic* cauſe in the brain.

VI. It reſults then, that the cauſe, which produces the ſurprizing motions, obſerved in hyſterical women, muſt be ſympathetic; that is to ſay, it muſt reſide out of the brain, in ſome part, of which the ſenſations, or impreſſions, are capable of exciting theſe extraordinary motions, by the laws of ſympathy. It is thus, that when any perſon burns the end of their finger

by

by chance, they draw back the hand mechanically: becauſe, the burning the end of the fingers, determines the contraction of the arm, and ſhoulder. It is thus, that a little tobacco, ſnuffed up the noſe, excites ſneezing: becauſe the effect of the tobacco on the noſe, puts the muſcles into a ſudden convulſive contraction; which, by ſtraitening the *thorax*, ſerves to produce the ſudden expiration, that conſtitutes ſneezing.

VII. Nothing is more common, in the human body, than this kind of ſympathetic relations, either in the ſtate of diſeaſe, or that of health [1]. Hippocrates himſelf appears to have known them, when he ſaid *confluxio una*, *conſpiratio una*, *conſentientia omnia*. It is not the proper buſineſs here, to explain the cauſe of them; as it would be too long a digreſſion; and belongs to another treatiſe. It ſuffices, that the fact is certain; and that it may be regarded as an eſtabliſhed principle.

VIII. It is only requiſite, therefore, to determine what is the ſympathetic part, in which the impreſſions raiſe the ſtorm in the hyſteric paſſion; and that muſt, conſequently, be conſidered as the firſt cauſe; or, to employ a proper term, the *focus* of the diſorder. But every thing demonſtrates it to be the *uterus*.

1°. Becauſe, that it is in the *uterus*, the diſorder always begins. The patients feel it dilate, and contract; elongate, and ſhorten; and ſhift to the right or left, in the beginning of the fit; or, in a word, be agitated, as with a very conſiderable periſtaltic motion.

2°. Becauſe the hyſteric paſſion happens, moſt frequently, at the approach, or the end of the *menſes*: and in the ſuppreſſions of them, the *lochia*, or the *fluor albus*; which affect the *uterus* alone.

3°. Becauſe the fits of the hyſteric paſſion ſeldom end but with the diſcharge from the *vagina*, of an humour, more or leſs copious, and acrid; and that it is evident, this diſcharge cannot effect any change, but in the *uterus*.

[1] Lib. *De alimento.*

4°. Be-

4°. Becauſe coition, which can certainly act only on the *uterus*, is one of the moſt certain remedies, to prevent the return of the hyſteric paſſion; and even to cure it intirely, in ſeveral caſes.

5°. Laſtly, becauſe it is certain, from obſervation made, in opening the dead bodies of women, who had been ſubject to violent fits of the hyſteric paſſion, there is, generally, ſome fault in the *ovaria*, the *Fallopian tubes*, or the *uterus* itſelf.

IX. After having fixed on the part, which is the *focus* of the diſorder, there remains nothing more than to determine the nature of the impreſſions which are made there; and which, by the laws of ſympathy, gives the *impetus* to all the different motions, that agitate the body in the fits of this diſeaſe. If we were to judge of them only by the effects, we might be led to believe, that this impreſſion ſhould be very violent: but, on one hand, experience proves the contrary; as the patients perceive plainly ſome ſenſation, and motion, in the *uterus*; as has been ſaid; but none complain of feeling any acute pain, even in the moſt violent fits; and, on the other, it ſometimes happens, that the *uterus* is extremely painful, as in the inflammations, ulcers, or cancers of it, without any fit of the hyſterical paſſion happening. It muſt, therefore, be granted, that the ſenſation, which gives riſe to this diſorder, is only ſlight; and a kind of tickling, ſhaking, or contraction, of ſome place in the *uterus*, and of the parts which are continuous with, or dependent on it.

X. It would be erroneous to believe, that a ſlight impreſſion was not capable of exciting all the diſorders, that are ſeen in the hyſterical paſſion. Experience juſtifies the contrary opinion every day. A drop of water, fallen into the *trachea*, excites a violent cough: the emetic wine, which makes no impreſſion on the tongue, nor on the membrane of the eye, is ſufficient, by acting on the ſtomach, to put all the parts, that concur in producing vomiting, into violent contractions. Moreover, the rays of light,

which do not affect the *retina*, are capable of causing sneezing, when they act on the pituitary membrane.

XI. A slight impression often produces greater emotions, than those much more strong. It is thus, that vomiting, which is not excited by vinegar, is so by oil or warm water. It is thus, that a slight tickling under the arm-pits, occasions more contorsions than an acute pain. It is thus, that the weak irritation of a little snuff, produces sneezing, which a much stronger fails of effecting in the nose.

XII. After all these illustrations, we may conclude, that the following impressions, when they are made on the *uterus*, may produce the hysteric passion, with all its symptoms; and we may do this with the greater confidence, as we advance nothing, that is not conformable to experience. The following causes should, therefore, be reckoned among those of the hysteric passion.

1°. The too strong beatings of the arteries of the *uterus*; particularly when they are too full of blood: as in the approaches, the cessation, or the suppression of the *menses*, or *lochia*.

2°. The tension and tumefaction of the lactiferous vessels of the *uterus*, when the *lochia*, and the milky *fluor albus*, are suppress suddenly, in the time when their discharge is copious.

3°. The *stimulus*, or irritation of an acrid humour, which is discharged into the *uterus*; and collected, in its cavity, in the case of a *fluor albus*, that is serous and acrid; and in that of ulcers of the *uterus*.

4°. The tumefaction, which happens to the *ovaria*, or to the *Fallopian tubes*, in the different diseases, to which those parts are subject[1]; as false conceptions, hyda-

[1] The antient physicians had found occasion to observe, that the tumours of the *ovaria*, caused the hysteric passion; but, deceived by the name, which these parts then bore, and by the use which they ascribed to them, they took these tumours for collections of spermatic humour, corrupted; which leads back these observations to the common class of other causes of the hysteric affection.

Voyez

hydatids, dropſy, *ſteatomas*, *ſchirruſſes*, abſceſſes, &c.

5°. Laſtly, the too lively tickling of the ſpermatic humour, when copious and acrid in women, who have a warm conſtitution; and are obliged to reſtrain themſelves.

XIII. It muſt, nevertheleſs, be confeſſed, that the theory, which has been propoſed, appears to be liable to a great difficulty: which is, that all the cauſes, aſſigned for the hyſteric paſſion, are fixed, and conſtant; and, therefore, incapable of producing motions ſo changeable, and varying, as thoſe which are obſerved in the *paroxyſms* of this diſeaſe.

XIV. But two reflections ſuffice to make this difficulty vaniſh.

The *firſt*, that the cauſes we maintain to be in the *uterus*, may, and muſt often, change place, and ſhift into different points, or places, of it: which ſuffices to change the ſympathetic relation they have. It is thus, that in the ſtomach, the ſame cauſe, when it acts upon the bottom, produces vomitings; and that it produces the hiccup, when it acts upon the ſuperior parts.

The *ſecond*, that the cauſes have not always the ſame degree of power; and that the leaſt variation, in this regard, ſuffices to change the ſympathetic relations. It is thus, that a certain ſenſation in the noſe produces ſneezing; and that a ſtronger does not produce it.

In the explication of the ſymptoms, that belong to the head, other cauſes will be ſhewn, which may render the hyſteric motions variable; and, according to appearances, contribute greatly to them.

Voyez là-deſſus Jean-Nicolas Binningerus, *Obſervat. Cent. II. Obſervat.* 90.

Iſbrandrus Diemerbroeck, *Anat. Lib. I. Cap.* 23.

André Veſale, *De human. corp. fabricâ, Lib. V. Cap.* 15.

Lazaré Riviere, *Obſervat. Centur. I. Obſervat.* 60.

Othon Heurnius, *Hiſtor.* 16. A la fin des Œuvres de Fernel de l'édition d'Utrecht, in-4°. en 1656.

XV. The

XV. The cauſes, we have eſtabliſhed, do not act equally in all women. Experience ſhews, that they have much more effect.

1°. In lean dry women, of a melancholy, or atrabilious habit. Becauſe in them, all the nerves, and, conſequently, thoſe of the *uterus*, are more diſtended, vibrative, and diſpoſed to receive, vividly, the moſt ſlight impreſſions.

2°. In women of a weak habit, and a cachectic conſtitution: becauſe, the humours are depraved; and the *uterus* has only a ſmall degree of elaſticity: which occaſions, that they accumulate more copiouſly in it; and that thoſe, which do ſo, are more acrid. On which account, theſe women are almoſt always ſubject to the *fluor albus*.

3°. In women, who heat themſelves by much watching; by high-flavoured food; and by the uſe of coffee, or ſtrong liquors: becauſe, in them the *uterus* is very much heated; and almoſt in a ſtate of *phlogoſis*; which occaſions, that the nerves are more ſtretched; and their ſenſibility greater.

4°. Laſtly, in the women who have a warm conſtitution; and who excite it ſtill more, by converſation, or reading; or by continually thinking of the object that poſſeſſes them; which increaſes the ſecretion, and ſtrength of the ſpermatic humour.

XVI. There remains nothing more than to diſcover the cauſes, which bring on hyſteric fits: and thoſe which make them go off. In order to this, it is proper to have regard to the two kinds of hyſteric paſſion: that which depends on the collection of depraved humours in the *uterus*, or in the ſpermatic veſſels: and that which depends on the repletion of the blood-veſſels in the *uterus*; or in the *ovaria*.

1°. In the firſt kind, the *paroxyſms* only happen, when the vitiated humours are collected in a certain quantity; or have acquired a certain degree of power: and they do not ceaſe, till the humours have been preſſed out of the *uterus*; and diſcharged by the *vagina*: which happens always in this ſort of hyſteric paſſion. 2°. In

2°. In the other kind, the *paroxyſms* only begin, when the repletion of the blood-veſſels are augmented to a certain degree, by the concurrence of ſeveral accidental cauſes; and they ceaſe, only when the reiterated contractions of the *uterus*, during the fit, have ſufficiently preſt out the ſtagnated blood: and diſgorged the blood-veſſels, that were too full.

3°. It follows from hence, that, in the firſt kind of hyſteric paſſion, the ceſſation of the *paroxyſms* muſt be brought about more quickly, and perfectly, than in the other, which experience confirms. The *paroxyſms* of the firſt kind end ſuddenly, and ſo perfectly: that the patients find themſelves at once in a natural ſtate: whereas the others terminate only by degrees; and leave the patients for a long time, in a wavering, and uncertain ſtate.

4°. In both theſe kinds of hyſteric paſſion, the end of the *paroxyſm* is ſhewn by yawnings, more or leſs repeated; and more or leſs great; according as the *paroxyſms* themſelves are more or leſs violent. During the continuance of the *paroxyſm*, reſpiration is conſtrained; and the blood ſtagnates in the veſſels of the lungs. As ſoon, therefore, as the power of perception begins to return to the patients; the impreſſion of the blood on the lungs muſt, neceſſarily, excite yawnings, to extend the pulmonary veſſels; and thoroughly to preſs out the blood; which muſt be correſpondent to the quantity which ſtagnates; and, conſequently, to the duration, and greatneſs, of the *paroxyſm*. It is thus, that in the beginning of intermittent fevers, the patients make pandiculations; that is to ſay, elongate, and extend themſelves, to preſs out the blood, which the inſpiſſation cauſes to ſtagnate in ſeveral parts; to which they are mechanically determined by the dull impreſſions, which the ſtagnation makes in theſe parts.

§. III. SYMPTOMS.

The antient phyſicians all agreed, in being of opinion, that the accidents, which happen in hyſterical wo-

women, came from the ſpermatic humour, corrupted in the *uterus:* from whence vapours aroſe, that attacked the different parts of the body; and, by their malignity, cauſed the diſorders in them, that appear in theſe attacks. But every body allows, at preſent, the falſity of theſe two ſuppoſitions: and we judge there is ſufficient reaſon for ſubſtituting, in their place, the ſecond principle of the ſympathetic relations, which the *uterus* has, with almoſt all the parts of the body; and of which the reality is known.

It does not appear, that there are any other means of accounting for the ſymptoms, which happen in the hyſteric paſſion; and with this we hope to render the whole ſatisfactory; as will appear below, in the detail of theſe matters.

There may, perhaps, be ſome ground of wonder, at the great number of ſympathetic relations, which we aſcribe to the *uterus:* but it ſhould be conſidered, that it is the part of the body, which has the moſt, by the acknowledgment of all phyſicians; and that, moreover, we do not attribute any to it, that is not to be deduced from the effect itſelf.

As the number of common ſymptoms, in the hyſteric paſſion, which are neceſſary to be explained, is very great, it appears to be expedient, in order to preſerve ſome method in their explanation, to divide it into five articles.

I. The pathognomic ſymptoms. II. Thoſe which reſpect the *abdomen.* III. Thoſe which affect the *thorax.* IV. Thoſe which depend on the head. V. Thoſe which are common to all the body.

I. *The four pathognomic ſymptoms.*

1°. The firſt impreſſions, which are made on the *uterus*, or the parts dependent on it, are weak; and only cauſe a ſympathetic reflux of the animal ſpirits into the muſcular fibres of the *uterus* itſelf, which, by making contractions in ſome or other of them, produces there different motions. Thus the

uterus

uterus lengthens, or ſhortens itſelf; and is drawn to the right, or the left ſide; according as the circular, or longitudinal, fibres; or thoſe of the right, or the left ſides; are thrown into contractions: and ſometimes, alſo, it is rendered cloſer, and leſs; when all the fibres are contracted at the ſame time.

2°. The impreſſions, increaſing in the *uterus*, the ſympathetic *reflux*, which is then made, carries the animal ſpirits into the muſcles of the *larynx*, *pharynx*, *os hyoïdes*, and, ſometimes, the tongue, which produces a contraction in thoſe parts, ſufficiently ſtrong, to make the patients complain of being choaked; and, ſometimes, ſo great an embarraſſment of the tongue, as to hinder them from ſpeaking freely.

3°. A ſympathetic *reflux* is, at the ſame time, made into the muſcular fibres of the *diaphragm*: which, by contracting, ſtrongly draws back inwards, all the edges of the falſe ribs, to which they are fixed. From whence comes the ſtraitening of the *thorax*, which appears, to the patients, to be cauſed by a circle, that embraces them there.

4°. At the ſame time, and by the ſame cauſes, the muſcular fibres of the inteſtines are contracted alſo. The contraction of the longitudinal ſhorten, and gather up the inteſtines, into a kind of ball: and that of the circular fibres, by contracting them, retain the wind in this ball; which augments its magnitude. This is the only cauſe of the ſeeming ball, which rolls in the *abdomen*; and which the antient phyſicians took, erroneouſly, for the *uterus* itſelf; as if its ligations could admit of ſuch motions.

II. *The ſymptoms, which affect the* abdomen.

1°. As there is almoſt always, in the hyſteric paſſion, a diſorder, or ſuppreſſion of the *menſes*, it is not extraordinary, that the ſymptoms, which attend this diſorder, ſhould commonly happen in the hyſteric affections: ſuch as diſguſt; depraved likings, known under the name of *pia* and *malacia*; bad digeſtion;

belchings; creepings, or murmurings in the belly; &c: but it does not seem necessary to dwell here on the particular explanation of them. What has been said in *Book I. Chap. IV, and VIII*, in speaking of the suppression of the *menses*, and of the *chlorosis*, may be recurred to.

2°. The costiveness, which happens to hysterical women, may come from the bad digestion: but it is certain, that such as happen in the fit itself, arises from the constriction of the *rectum*; and especially of the *sphincter* of the *anus*; produced by a sympathetic *reflux*, which is made in the *uterus*.

3°. It is to a similar cause, the suppression of urine, during the fit, must be ascribed. It arises only from the spasmodic constriction of the *sphincter* of the bladder, caused by the sympathetic *reflux*; which is then made there.

4°. At the end of almost all the fits, there flows from the *uterus*, a lymphous humour, that is mucous; and, sometimes, white, grey, or bloody. The convulsive constriction of the *uterus*, presses out this humour from the lactiferous vessels, or mucous glands, with which the interior surface of the *uterus* is disseminated; or from the *lacunæ*, which are there in great number. It is white, when it comes from the lactiferous vessels; grey, when from the mucous glands, or the *lacunæ*; and bloody, when the irregular contractions of the *uterus* burst in it some small capillary vessels; or press out some drops of blood from the extremities of the veinous *appendices*.

5°. During the fits, the little urine the patients make is clear as water: because the texture of the kidneys, which is made closer, and drawn together, only suffers the most thin and serous parts of the blood to pass the secretory ducts of the urine.

6°. But at the end of the fits, the patients make urine more copiously: because the texture of the kidneys, which is not any longer drawn together, suffers it to pass more copiously; and it comes out more freely from the bladder, as its *sphincter* is not

any

any longer contracted. It is thicker; and, ſometimes, turbid: either becauſe the kidneys let groſſer parts paſs; or, becauſe the mucous humour, which flows from the *uterus*, at the end of the fit, mixes with the urine, when it comes out of the bladder.

7°. The *nauſeas*, vomitings, and hiccup, which often happen in the hyſteric paſſion, may, ſometimes, come from the maſs of excrement, which the bad digeſtion leaves in the ſtomach; and which, when it irritates the bottom of the ſuperior orifice, occaſions theſe motions: but they ariſe more frequently from the ſympathetic *influx*, that the impreſſions, which are made in the *uterus*, produce in the ſeveral muſcles, that perform thoſe motions.

III. *The ſymptoms which affect the* thorax.

1°. The ſuffocation is a neceſſary conſequence of a ſpaſmodic contraction of the *larynx*; which hinders the entrance of the air; and of the ſpaſmodic contraction of the *diaphragm*; which prevents the dilatation of the *thorax*: and as theſe two cauſes are very variable, it reſults, that the ſuffocation varies alſo. Sometimes it is continual; and ſometimes only happens by intervals: ſometimes, the reſpiration, although conſtrained, is made without noiſe; and, ſometimes, it is performed with a whiſtling ſound.

2°. The palpitation of the heart depends on the irregular contraction of its muſcular fibres; and this is the conſequence of the irregularity of the ſympathetic *reflux*, that the impreſſions, made in the *uterus*, cauſe. From whence ariſe all thoſe variations, which happen in the motion of the heart, and the arteries, in the fits of the hyſteric paſſion: where the pulſe is ſometimes ſtrong, and ſometimes weak: ſometimes ſlow, and ſometimes hurried: ſometimes frequent, and ſometimes rare: but almoſt always hard, and cloſe; becauſe of the contractions of the coats of the arteries, occaſioned by the ſympathetic *reflux*, which comes from the *uterus*.

3°. It happens, that the pulſe is intermittent, when the motion of the heart is ſo itſelf: and the motion of the heart is intermittent, whenever the ſympathetic *refluxes* of the *uterus* keep, by intervals, the fibres of the heart in a ſtate of contraction, which ſtops its motion, or renders it imperceptible.

4°. Often in great fits of the hyſteric paſſion, neither the motion of the heart, nor that of reſpiration, are perceptible. It is not, however, becauſe they ceaſe intirely, as Galen believed; for that would amount to death: but becauſe they are performed ſo weakly, on account of the tonic contraction of the fibres of the heart, and the muſcles of the *larynx*, and *diaphragm*, that they cannot be perceived. Nevertheleſs, however weakly they are performed in theſe caſes, it is, in a degree, ſufficient to ſupport a ſlow circulation of the blood in the lungs, and the reſt of the body: ſuch as is neceſſary to preſerve life.

IV. *The ſymptoms which depend on the head.*

The explanation of the ſymptoms, which belong to this article, ſuppoſe many new ſympathetic relations of the *uterus:* and I queſtion, whether they can be explained by any other means. It muſt be ſuppoſed, that the *dura mater* is capable of a ſympathetic contraction, in conſequence of impreſſions, that are made in the *uterus*. That this contraction is not uniform in all the points of the *dura mater:* but that it varies, and irregularly. That by contracting the *dura mater*, on one hand, it draws together the ſubſtance of the brain; and, by that means, propels the animal ſpirits, which are there, into the neighbouring nerves: and, on the other, it diſtends the fibres. That the ſpirits, propelled into the nerves, cauſe convulſions in the parts, where the nerves end. That the fibres of the brain, being diſtended, are, conſequently, not in a ſtate to be put in motion; nor to receive the impreſſions, that the external organs of ſenſe tranſmit to them; which produces the loſs of perception and ſenſe. That, at the ſame time, the diſtended

diſtended fibres loſe their tone; and ſeveral, which were concords, become diſcords: and others become concords, from being diſcords: which perverts the judgment, that is made on ſeveral matters; and cauſes many fits of *delirium*.

It might be advantageous, for the illuſtration of the matter we are treating of, to make a particular diſcuſſion here of each of theſe ſuppoſitions: but this diſcuſſion would be prolix; and lead aſtray from the proper ſubject of this treatiſe. It ſuffices, that there are not any of theſe ſuppoſitions, that are not within the limits of poſſibility, or even probability; and may not, therefore, be admitted. I hope to prove the reality of theſe ſuppoſitions; or, at leaſt, the neceſſity of admitting them in a work, I think of giving the public, *ſur l'animaſtique*; that is to ſay, "on the "mechaniſm of the functions of the ſoul, as far as "they depend on the body." As to the preſent, I beg that theſe ſuppoſitions may be allowed, as ſo many *poſtulata*, by which the explanation of the ſymptoms, that affect the head in the hyſteric paſſion, will be made without any difficulty.

1°. At firſt, the patients loſe, from time to time, perception and ſenſe: which returns more or leſs often; continues a longer or ſhorter time; and is more or leſs violent; according to the circumſtances. Sometimes, when the patients appear to be deprived of ſenſe, they are ſtill able to hear, and even ſee, without being able to ſpeak; or to expreſs themſelves by ſigns. But, at laſt, if the fit grows more ſtrong, ſenſe and perception are loſt intirely; and the patients fall into a kind of profound ſleep.

In a diſeaſe, where there is not any diſorder in the brain, this can only proceed from a ſympathetic *influx* of the *uterus*, which puts the *dura mater* in a ſtate of contraction. The *dura mater*, thus contracted, preſſes the brain; diſtends the fibres; and renders them incapable of being ſet in motion, either by the ſpirits in the brain; or by thoſe, which flow back from the exterior organs of the ſenſes.

Sometimes all the brain is equally compreſt by the *dura mater*; and then the loſs of ſenſe is *total:* and, ſometimes, the compreſſion is *partial*; and does not bear upon the optic, or acouſtic nerves; and then the patients are in a ſtate of hearing, and ſeeing, confuſedly, without being able to make it known, during the fit.

Theſe accidents return more or leſs often; continue more or leſs long; and are more or leſs violent; according as the ſympathetic contraction of the *dura mater* is repeated, more or leſs often; and as it is more or leſs long; and more or leſs great.

Moreover, theſe accidents lead to the abſolute and total loſs of ſenſe and perception, when the contraction of the *dura mater* becomes general; and great: which continues till, the *dura mater* coming to relax ſuddenly, ſenſe and perception are found to return at the ſame inſtant.

2°. In this ſtate, the patients fall often into a *delirium*, more or leſs violent; and more or leſs univerſal. This proceeds, from that the fibres of the brain, being diſtended, change their tone, with relation to each other: which produces, amongſt them, concords, and diſcords, that are new, and irregular; and, conſequently, abſurd judgments; or, in one word, a true *delirium*, more or leſs great, and more or leſs univerſal, according as the alteration of the fibres is more or leſs great, or more or leſs univerſal; and the agitation of the animal ſpirits in the brain, more or leſs violent.

3°. It often happens then, that the patients are in a ſtate of tonic convulſion, known under the name of *tetanos*; the body ſtiff; the eyes fixed; and the members immoveable: which can only come from the *influx* of ſpirits propelled conſtantly into the ſame muſcles, by the ſympathetic *reflux* of the *uterus*; or by the tonic contraction of the *dura mater*.

4°. At other times, the patients are agitated with very briſk convulſive motions; they bend the body, ſometimes forwards, and ſometimes backwards; and

theſe kind of convulſions are called *emproſthotonos*, or *opiſthotonos:* they move the head in different directions: ſhake the legs, and the arms: and make the moſt piercing cries; which are the conſequence of the convulſive motions of the muſcles for expiration. It is evident, that theſe motions can be thus varied, only becauſe the *influx* of animal ſpirits, which produce them, are themſelves varied. But this variation of the *influx* of animal ſpirits, can only proceed from *three* cauſes; from the variation, that happens with relation to the degree; or the place of the impreſſions, which are made in the *uterus*; from that, which happens in the contraction of the *dura mater*, with relation to theſe different parts; or, laſtly, from that, which happens from the beating of the arteries in the different parts of the brain.

5°. In the fits of the hyſteric paſſion, the patients, ſometimes, burſt into tears ſuddenly, without any reaſon: and, ſometimes, on the contrary, laugh with yet leſs reaſon; and ſometimes, moreover, in the ſame fit, laughing ſucceeds crying, or crying laughing, ſo as even to ſurprize thoſe, who are not accuſtomed to ſuch ſcenes.

It is certain, that as theſe motions are neither free, nor intended, it muſt, therefore, be granted, that they are convulſive; and what has been ſaid before, leaves no room to doubt, but that they depend on the ſympathetic relations, there are betwixt the *uterus*, and the organs which perform them. Sometimes the membranes, which cover the lachrymal glands, and the tendinous ſtrings that go croſs, are convulſively drawn together; and the tears, being then ſtrongly preſſed out, overflow the eyes: at the ſame time, the other parts, of which the motions accompany the tears, are thrown into contractions by the ſame cauſe. Sometimes the zygomatic muſcles, and the others appropriated to expreſs the action of laughter, are agitated with convulſive motions: and then the patients laugh with their mouths wide open. Sometimes, moreover, theſe motions are repeated alternately; and then the

tears ſucceed to laughing; and the laughing to tears; in proportion as the impreſſions, which are made in the *uterus*, vary with relation to the degree of power, or the ſeat they poſſeſs.

6°. Laſtly, hyſterical women are often ſubject, in the fit, to an acute pain, in ſome exterior part of the head; as the forehead; the temples; and, particularly, the back part. According as this pain is more or leſs extenſive, it bears the name of *ovum hyſtericum*, or of *clavis hyſtericus*.

It is not to be doubted, but that theſe accidents depend on the convulſive drawing together of the *pericranium* in the place affected: and that this drawing together proceeds from a ſympathetic relation of that place with the *uterus*. It is, for this reaſon, the pain begins, and ceaſes, when the attack is correſpondent to the violence of it.

V. *The ſymptoms which are common to all the body.*

The explanation, which has been given of the laſt ſymptoms of the preceding article, ſhews, that the ſympathetic relations of the *uterus* may be extended to all the tendinous fibres; and cauſe in them ſpaſmodic contractions, capable of producing divers effects, according to the nature of the parts. The explanation, which is going to be given of the ſymptoms that appear in the habit of body, will tend to ſet the ſame truth in a full light.

1°. In the hyſteric paſſion, the patients feel a burning, which aſcends to the face and head; become red all of a ſudden; and complain of a heat, which brings on ſweating; and obliges them to uncover themſelves; and, a moment after, paleneſs, cold, and a ſlight perception of ſhivering, ſucceed to the firſt ſtate: and the whole of this is repeated ſeveral times in an hour.

It is extremely plain, that the firſt ſtate proceeds from the convulſive drawing together of the coats of the veins, that return from the outſide of the head, which obſtructs the blood there; and produces the red-

redneſs, heat, and ſweat, in the parts where the blood is obſtructed: that the ſecond comes from a ſimilar drawing together of the coats of the arteries, that diſtribute the blood to the ſame parts: which hinders it from paſſing thither; and gives riſe to the paleneſs, coldneſs, and ſenſe of ſhivering, which come on: and, laſtly, that theſe two ſtates ſucceed alternately, according as the variations, which happen to the ſympathetic relations of the *uterus*, carry the animal ſpirits, ſometimes, into the coats of veins; and, ſometimes, into thoſe of the *uterus*.

2°. It often happens in the hyſterical fits, that the pulſe ceaſes almoſt intirely in one arm, which becomes cold and numb, with a paleneſs of the hand; and, particularly, the nails, which alarms the patients, and makes them ſay, that their arm is dead. Sometimes, after every thing is reſtored, in this arm, to its natural ſtate; the ſame accident attacks the other arm: and I have ſeen it happen to only one or two fingers of the hand. The patients call theſe appearances *palſies:* but theſe pretended palſies, are only momentary; and never perfect. For the power of motion ſubſiſts, as well as the feeling, though ſomewhat benumbed.

It is evident, that all theſe accidents proceed only from the convulſive drawing together of the coat of the brachial artery: which, by ſtraitning its cavity, diminiſhes the quantity of blood that ought to diſtribute itſelf in the arm. From whence ariſe the diminution, and even the apparent interruption of the pulſe, the numbneſs, and the coldneſs of the arm, and the paleneſs of the hand, and the nails. This drawing together ceaſes ſoon in the arm affected; and paſſes, ſometimes, to the other, where it produces the ſame accidents; which often vary repeatedly, according as the impreſſions, which are made on the *uterus*, and are the occaſional cauſes themſelves of theſe drawings together, vary.

§. IV. DIAGNOSTIC.

I. The hyſteric paſſion, of the firſt and the ſecond degrees, is not difficult to be diſtinguiſhed. Commonly, before a phyſician is called, ſeveral fits have preceded, which have already informed the patient herſelf. In all caſes, the diſorder is eaſily diſtinguiſhed by the nature of its returns, which are all alike: and, yet better, by the four pathognomic ſymptons: the agitation of the *uterus*; the choaking in the throat; the contraction of the *thorax*; and the rolling ball on the *abdomen*; which ſhew themſelves in all theſe fits, though not all of them conſtantly in the ſame degree.

It is, nevertheleſs, neceſſary to take care not to give way to the notions of the patients, who are apt to give the name of *hyſterical vapours* to all the pain, uneaſineſs, and dejection of mind, which they have: to all the accidents of bad digeſtion, which happens to them: to all the bad digeſtions they procure themſelves: and to all the faintneſſes, into which they fall in languiſhing, or conſumptive, diſeaſes. Particular attention muſt be given, not to confound the hyſteric vapours with the hypochondriac vapours, which are common to women and men; and in which theſe ſymptoms do not appear.

The diſeaſe once known, it muſt be endeavoured to judge of the cauſe, that affects the *uterus*, and gives riſe to the diſorder: which, as will be ſhewn, is material both for the prognoſtic and the cure. If the fits go off ſoon, and perfectly; and with a diſcharge of ſome glutinous humour, or the eruption of the *menſes*; and if the intervals betwixt one fit and another, are ſhort, and without any cloud of vapours; there is reaſon to conjecture, that the diſorder proceeds only from the ſpermatic humours, too long retained; from ſome acrid humour, which ſtagnates in the *uterus*; or from the retention of the *menſes*. But it ſhould be ſuſpected, on the contrary, that there is ſome fixt and permanent fault in the *ovaria*, the Fallopian tubes, or the body of the *uterus*, which cauſes the

the diſorder, when the fits are repugnant to ending; when they go away without any diſcharge, or eruption of the *menſes*; and when the vaporous motions continue from one fit to the other; and are almoſt always continual.

As to the degree of the diſorder, it is eaſy to judge of it, by the frequency and the duration of the fits; and by the number, and the violence of the accidents, which accompany them, and of which it is eaſy to have the inſpection.

II. The greateſt difficulty of the diagnoſtic regards the hyſteric paſſion of the third degree, when the patients, without ſenſe, perception, and feeling; and, what is ſtill more alarming, reſpiration, and pulſe; keep every body in ſuſpenſe, perplexed in the determination, whether the diſorder be a ſimple fit of the hyſterical vapours; or a *ſyncope*, apoplexy, a fit of epilepſy, or even death itſelf.

In ſuch a ſituation, there are two obſervations to be made, which may give ſome light, in order to the deciſion. The *firſt*, that a fit of this violence, ſuppoſing it to be hyſterical, muſt be preceded by ſeveral other fits, which may already have given inſight into the nature of the diſeaſe. The *ſecond*, that this fit, if it be hyſterical, muſt have commenced by the four pathognomic ſymptoms of the hyſteric vapours. Theſe two obſervations, therefore, particularly when they are united, ſerve to eſtabliſh the judgment, that ſhould be made.

It is, nevertheleſs, proper to take into conſideration the other ſigns, which may ſerve as a diagnoſtic in this caſe.

1°. The hyſteric vapours may be diſtinguiſhed from a *ſyncope*, on account, that, in the hyſteric paſſion, the ceſſation of the pulſe is greater than in the *ſyncope*. There is no *ſyncope*, unleſs ſuch as is ready to terminate in death, where the pulſations of the heart diſappear ſo intirely, as in the hyſteric vapours in queſtion, and with which the *ſyncope* may be confounded.

On

On account, that the ceſſation of the pulſe continues longer in the hyſteric vapours, than in the *ſyncope*. There is no *ſyncope* which laſts above an hour; and it is common to ſee the hyſteric vapours of the third kind, that may be confounded with the *ſyncope*, endure whole days.

On account, that in the *ſyncope*, there is no motion perceived in the *abdomen:* whereas, in the hyſteric vapours, unleſs they be exceſſive, ſome is commonly felt, particularly about the region of the *uterus:* which may be yet better known by examining the *vagina*.

2°. The hyſteric vapours of the third kind may be yet more eaſily diſtinguiſhed from an apoplexy; on account, that the apoplexy is not preceded by the ſymptoms, proper to the hyſteric vapours; and which foretel the fit.

On account, that in the fits of apoplexy, the pulſe, and the reſpiration, do not ceaſe: whereas they ceaſe, or appear ſenſibly to do ſo, in the hyſteric vapours of the third kind.

On account, that in the fits of an apoplexy, there are no convulſive agitations, neither in the *abdomen*, nor the *uterus:* whereas, in the fits of the hyſteric paſſion of the third kind, there are always ſuch; unleſs when they go to the greateſt degree.

3°. The hyſteric vapours of the third kind are to be diſtinguiſhed from an epilepſy, nearly by the ſame criterions: on account, that the fits of the hyſteric vapours begin by the ſigns that are proper to them, which are not the ſame in the epilepſy.

On account, that the reſpiration, and the pulſe, ceaſe in the hyſteric vapours; and do not ceaſe in the epilepſy.

On account, that there is in the hyſteric vapours, even to the laſt period, convulſive motions in the *abdomen*; and, particularly, in the *uterus:* which never happen in the epilepſy.

Laſtly, on account, that in the epilepſy, the patients foam at the mouth, which does not happen in the hyſteric fits, however violent they may be: becauſe,

cauſe, in them, the reſpiration not being performed, or but weakly, the air expired cannot be beaten with the *ſaliva*, and raiſed into foam; as happens in the epilepſy, where the reſpiration is made with force, and by repeated efforts.

It is, nevertheleſs, proper to intimate, that ſome phyſicians have been pleaſed to give the name of *uterine epilepſy*, or *hyſteric epilepſy*, to the fits of the hyſteric vapours; where the patients, being deprived of ſenſe, are agitated by different convulſive motions: and this denomination, although improper, may be allowed, provided it be remembered, that this, at moſt, is only a ſympathetic epilepſy; and cannot, with ſtrict propriety, be called a *true epilepſy*.

4°. Sometimes the violence of the hyſteric fits riſe to ſuch a height, that all the functions ceaſe intirely, or appear to do ſo. In this caſe, it is not from apoplexy, or epilepſy, that the diſorder muſt be diſtinguiſhed, but from death itſelf; to which it has ſo much reſemblance, that, if ſeveral accounts may be believed, intelligent perſons have been deceived in it: and women have been buried as dead, who were not ſo. In ſuch caſes, it muſt be endeavoured to diſcover, if no motion of reſpiration remain ſtill in the body; for if any do remain, however little it may be, it is ſtill a proof of life.

In order to this, ſome bits of cotton-lint are to be put upon the lips, to ſee if the breath move it. A looking-glaſs is to be placed before the mouth, to ſee if it be not ſullied by the reſpiration. A glaſs of water is ſet on the breaſt, that the motion of the ribs, if there be ever ſo little, may ſhake it.

Even theſe ſigns are not to be wholly depended on. It is to be examined, whether the members be flexible; which, if ſo, decides, that there is life. The eyes are to be opened, to ſee if the pupil be not covered with a kind of ſkin, that renders it dull. There is ſtill more to be done: the patient's heel is to be burnt with a red-hot iron, to ſee if the acuteneſs of the pain will cauſe her to make ſome motion.

Laſtly,

Laſtly, a bliſtering plaſter, well charged with *cantharides*, is to be applied to the thighs, or to the calf of the leg. If veſicles are formed under it, a concluſion is made, that the patient is ſtill alive: and if none be formed, there will be great reaſon to fear ſhe is dead. But if all theſe ſigns agree to evince death to be the caſe, it is not ſtill proper to hurry the burial of the bodies; but to perſiſt in keeping them till they begin to ſtink; and give certain marks of putrefaction; in order to avoid the reproach of having, by too much precipitation, buried a perſon alive.

§. V. PROGNOSTIC.

The prognoſtic of the hyſteric paſſion turns upon two points: whether the diſorder be curable? and whether it be dangerous?

I. As to the *firſt* point, it is proper, in order to decide it, to make ſome diſtinctions.

1°. It is eaſily cured, when it proceeds from the effects, or diſorder, of the *menſes*, or *lochia*; or from the retention of ſpermatic humour, that is too acrid.

2°. It is difficultly cured, when it depends on a conſtant *fluor albus*, that irritates the interior part of the *uterus:* and of which the diſcharge is difficult to be ſtopt, and ſubject to returns.

3°. It is not to be cured at all, when it is owing to any tumour, or fault, in one of the *ovaria*, or the Fallopian tubes; or to any ulcerous eroſion in the *uterus*.

4°. It is ſcarcely ever cured in old women, that are cachectic, and of a bad conſtitution: and in whom, the diſorder they may have in the *uterus*, is ſupported by the depravity of blood, or lymph.

5°. In general, this diſeaſe ſhould be reckoned among thoſe which are obſtinate, and difficult to be cured; and which the leaſt accident renews, at the time that there is a flattering appearance, the cure is completed.

II. As to the *ſecond* point, the danger of the particular fits muſt be diſtinguiſhed, from the danger of the diſeaſe itſelf, ultimately. 1°. There

1°. There is nothing to be feared from any fit, in which the reſpiration, and the beating of the heart, ſubſiſt, although weakly, and irregularly. The danger can, therefore, extend only to thoſe fits, where theſe two functions ceaſe to be ſenſibly performed, although the patients often recover from them: yet accounts inform us, nevertheleſs, that they, ſometimes, ſink under them, when, at length, the reſpiration, and the beating of the heart, ceaſe intirely; and the *ſyncope* becomes mortal.

2°. With relation to the diſeaſe itſelf, however obſtinate it may be, it is not commonly dangerous, when it depends on the ſuppreſſion, or diſorder, of the *menſes*, or *lochia*; or on the retention of the ſpermatic humour.

But it is ſo, when owing to the acrimony of a conſtant *fluor albus*, which irritates, ſtimulates, and corrodes, the interior ſurface of the *uterus*: and, in this caſe, the diſorder degenerates often into an ulcer of the *uterus*, ſimple, or carcinomatous. It is dangerous, in the ſame manner, when it is owing to any tumour, abſceſs, or dropſy, in the *ovaria*, or the Fallopian tubes: and then it commonly leads to an abſceſs, or dropſy of the *abdomen*; or terminates by a ſlow fever, *maraſmus*, and conſumption.

§. VI. *Method of cure.*

The hyſteric paſſion may be the ſubject of treatment in two ſtates: either in the *paroxyſm*; and then it is proper to confine the view, to moderating the violence, and ſhortening the duration: or out of the *paroxyſm*; and then it is proper to endeavour to prevent returns; and, conſequently, to combat the cauſe of the diſorder, as far as may be practicable.

But theſe two kinds of treatment being very different, as well with relation to the object propoſed, as the means to be employed, it is proper to explain them in two ſeparate articles: to which we ſhall add a third, to diſplay the remedies, that are boaſted as ſpecifics in this diſorder.

The

The treatment proper in the paroxyſm.

To effect the intentions of cure, that muſt be propoſed in the *paroxyſm*, it is neceſſary to employ three ſorts of remedies. 1°. Remedies proper to relax, and render more looſe, the different parts, which are in a ſtate of convulſion, or *erethiſmus*. 2°. To facilitate, by proper medicines, the circulation of the blood, which is diminiſhed, or intercepted in different places, by the convulſions, or the *erethiſmi*. 3°. To excite, by proper remedies, ſtrong ſenſations in the exterior organs; and, conſequently, to produce rapid *refluxes* towards the brain, capable of counteracting, and overcoming the ſympathetic *refluxes*, made in the *uterus*; and which cauſe the accidents of the vapours.

In the effecting theſe intentions, it is not the want of remedies, that gives embarraſſment: as authors have indeed propoſed and recommended a too great multiplicity; but the making a due choice amongſt them; as they have many, that are uſeleſs, frivolous, and ſuperſtitious: which it is proper to be able to diſtinguiſh. Theſe are, in general, the principal articles, on which the treatment, that is to be followed in the time of the *paroxyſms*, turns; and by which the intentions, that ariſe from the nature of the diſorder, may be fulfilled.

I. If the fit be ſlight, and the patients retain the power of judging, they may be left at liberty to chuſe what poſture is moſt agreeable to them: but if they loſe their reaſon, they ſhould be laid on a bed, or a couch, with their head a little raiſed; the ſtrings of their petticoats untied; their ſtays unlaced; and nothing left, which can bind or conſtrain them. Even their necklace, or any other kind of collar, ſhould be taken off, that it may not hurt them, when the neck comes to ſwell.

II. It is right to give way to the prejudice of women, and ſuffer them to rub the patient's thighs from top to bottom. Sometimes there is even a neceſſity to let them apply dry cupping-glaſſes, when the *paroxyſm*

roxyſm is very long; but no ligatures ſhould be ſuffered to be made on the limbs, as was formerly practiſed; according to the error which prevailed, that it would prevent a malignant humour from aſcending to the head.

III. In order to ſtimulate the patient, ſtinking things, charged with volatile ſalt; and, therefore, proper to make a ſtrong impreſſion on the pituitary membrane: ſuch as a piece of a deep blue ribband; partridges feathers; and amber, or jet; burnt under the patient's noſe; bruiſed leaves of rue, tanſy; or, what is yet more efficacious, a little ball, compoſed of equal parts of *aſſa fœtida*, caſtor, and ſagapenum; are held under the noſe.

IV. Means muſt be tried to make the patient ſneeze; and, in order to this, the fumes of tobacco are ſnuffed up the noſe; or tobacco in powder, mixt with the flower of lily of the valley powdered; or, what is much ſtronger, a powder compoſed of muſtard, pellitory of Spain, and caſtor, in any proportion that is liked. Sometimes the inſide of the noſtrils is rubbed with a feather, dipt in the oil of amber.

V. To endeavour to ſtimulate the patient more ſtrongly, ſhe ſhould be loudly called by her name; ſhaken briſkly; her fingers ſqueezed; and her hair, even that of the part, pulled; &c.

VI. Glyſters, of different kinds, are to be adminiſtered: at firſt, ſuch as are purgative, with the decoction of the leaves of motherwort, and mugwort; or three or four drams of *hiera picra* are diluted; and an ounce, or an ounce and half, of turbid emetic wine, added to it.

When this firſt glyſter has emptied the *primæ viæ*, recourſe is had to the uſe of others, purely hyſteric, with the decoction

Of the leaves of mugwort,
motherwort,
pennyroyal,
rue,
} each one handful.

Seeds of chervil, cummin, } one or two drams.
Berries of the bay tree, } one or two drams.
Fruit of birthwort, } one or two drams.

Two or three of these simples are to be chosen, at discretion, for the decoction; and there is added to them, of oil of rue, two ounces; of galbanum, or *assa fætida* in powder, each one dram; or a dram and half of either.

Sometimes it is much better to use glysters more simple, made with half a pint of red wine; and two or three ounces of oil of rue; or even with oxycrat, intirely pure, or weakened with water. But it must be observed, that it is often very difficult to employ glysters of any kind in hysteric fits, however much they may be indicated: because the bowels, which are then in a spasmodic contraction, resist them absolutely.

VII. There are commonly employed on the navel, plasters made with galbanum alone; or galbanum, and *assa fætida*; or with the gums *caranna* and *tacamahac*; which are softened with oil of amber, or with tincture of castor.

The greatest part of the women, accustomed to the treatment of these fits, anoint the navel with three or four grains of musk; or camphor, diluted in a little oil of sweet almonds; or even simply, with a little oil of amber, or jet; and apply, over it, some of the plasters, that have been mentioned.

In Languedoc, and the neighbouring provinces, the women, in low life, never fail to rub garlic on the inside of a little stone dish, which they apply, afterwards, on the navel of the hysterical women; where it adheres strongly, as soon as the garlic begins to grow warm.

It is possible, that the most fine parts of these remedies penetrate into the blood, by the pores of the skin, and exert their action immediately upon it: but I am of opinion, that their effect proceeds chiefly from the impression they make on the organ of smell of the patients. However it may be, as the

women

women lay great ſtreſs on theſe little practices, which cannot indeed do any harm, they ſhould not be hindered from them.

VIII. After all, the moſt efficacious remedies are hyſteric boluſſes, or potions; which are prepared in the following manner, by chuſing out of the large number of remedies, that are propoſed below, thoſe to which it ſeems moſt advantageous to give the preference.

Theſe are the waters, the moſt recommended for hyſteric vapours,

Simple or compound balm,
Carduus benedictus,
Motherwort,
Mugwort,
Peiony,
Of the three nuts,
Black cherry,
Flowers of the lime tree,
Orange flower,

which may be employed, each in the quantity of one, two, or three ounces, according to the number that are choſen.

Several powders are added; as thoſe of

Gutteta,
Wild valerian root,
Male peiony root,
Flowers of the lime tree,
Caſtor,
Aſſa fœtida, &c.

from ſeven or eight grains, to fifteen or twenty; according to the greater or leſs number of the powders, that are ordered.

Diluted electaries; as the

Theriaca,
Confectio-hyacinthi,
Confectio alkermes, from half a dram to a dram.

To which are added ſome tinctures; as thoſe of

Myrrh, } From ten drops, to twenty, or twenty-
Caſtor, } five.
Anodyne, from twenty to thirty drops.

But to fix this quantity in a safe manner, it is necessary to be regulated by the proportion of the *theriaca*, that may be prescribed.

Afterwards some hysterical syrup is added; as those of

Mugwort,
Motherwort,
Peiony; in the quantity of, from one ounce to an ounce and half.

Antihysteric potions, more or less strong, are composed of the drugs; of which a spoonful is given from half hour to half hour: but these should be first common spoonfuls; and, at last, only tea-spoonfuls.

IX. Boluses, or opiates, are composed with the same drugs. They may be rendered stronger, by chusing the most efficacious among the drugs; or by prescribing them in a greater quantity, which should be regulated by the degree of violence of the fit. These boluses are repeated from half hour to half hour, if the disorder demand it; and the first doses should be larger than those given afterwards.

Though these boluses are composed of the same drugs, as the potions, they are more rarely employed; as well because it is difficult to make the patient, whose throat is contracted, swallow them: as because it is necessary they should be dissolved in the stomach; in order to their acting: and, therefore, their effect is more slow, than that of the potions: but these two inconveniencies are remedied, by dissolving them in some hysteric water; and giving them, by spoonfuls, as potions.

X. Among the different antihysteric boluses, which may be employed, the two following are particularly recommended. The *first* is composed of two scruples of common sulphur, and one dram of nutmeg; both powdered, and incorporated with the syrup of mugwort. The *second*, which is the more efficacious, is made with castor, and *assa fœtida*; each in the quantity of half a dram: to which is added a grain and a half, or two grains, of laudanum. Both these boluses are

to

to be divided into two equal parts; and given from half hour to half hour; or from hour to hour; according as the diſorder urges.

There is a very ſimple mixture, or potion, recommended as highly efficacious: which is made, by putting into three or four ounces of water of mugwort, or motherwort, three or four drops of oil of amber; and as much oil of jet; and making the patient take the whole at one, or ſeveral times. Theſe remedies will be rendered much more efficacious, if there be added to them twenty, or twenty-five, drops of anodyne tincture.

XI. If the hyſteric fit be violent, or reſiſt the remedies that have been propoſed, it is proper, without heſitation, to bleed the patient in the arm, or the foot; and, preferably, in the latter: even repeating it, if there be occaſion, without having apprehenſions, on account of the ſtate of the pulſe, which is only ſmall, and weak, in this caſe; becauſe the circulation of the blood is retarded. The patient ſhould even be vomited, by giving all at once, three or four grains of ſoluble ſtibiated tartar, in two or three ounces of diſtilled water of *carduus benedictus*, to excite a concuſſion, ſuppoſing the known ſtate of the *thorax* permit it. In all caſes, the ſame doſe of ſtibiated ſoluble tartar ſhould be given, in a greater quantity of water; which ſhould be taken glaſs by glaſs, as mineral-waters.

XII. It is a common practice, to put ſome muſk, or civet, into the *vagina*, to procure a diſcharge of lymphatic humour, with which the *uterus* is deluged: but religion forbids to excite pollutions. It is true, the women, who are with the patients, ſave the phyſician the trouble of forbidding them. For it is with that they begin; and they even repeat it ſeveral times, whatever he may ſay.

Treatment out of the paroxyſms.

When the *paroxyſm* is over, there is nothing more to be done, than to prevent the returns: and, to that

end, it is proper to endeavour to diſtinguiſh what is the antecedent cauſe, in order to overcome it the moſt effectually, that can be, by ſuitable remedies.

I. If the diſorder come from the ſuppreſſion, or the retention of the *menſes*, *lochia*, or *fluor albus*, it is proper to employ emmenagogues, and the other remedies, which are propoſed above for this diſeaſe.

II. If the acrimony of the *fluor albus* give riſe to it, recourſe ſhould be had to the diluents, attemperants, and ſweetners; which have been above preſcribed for the *fluor albus* of this nature.

III. If it be to the acrimony, and copiouſneſs of the ſeminal humour, that there is reaſon to attribute the diſorder, the common aids ſhould be called in for a remedy to it; of which the moſt certain, and, perhaps, the only one, is coition. In all caſes, the *antiphrodiſias*, which are proper in the *furor uterinus*, ſhould be employed.

IV. Laſtly, if there be any tumour, or obſtruction, in the *uterus*, *ovaria*, Fallopian tubes, or the neighbouring parts, it ſhould be endeavoured to reſolve them, by the uſe of aperitives; or to retard their progreſs, by the uſe of the remedies, which are pointed out in ſpeaking of theſe diſeaſes.

In general, the treatment, which is proper to cure radically the hyſteric vapours, without entering into the particulars of the antecedent cauſes, which produced them, conſiſts in the uſe,

1°. Of moderate martial aperitives; as

The martial ſoluble tartar,
Riviere's ſalt of ſteel,
Aperitive ſaffron of Mars,
Martial Æthiops,
} From ten to twenty-five grains.

The tincture of ſteel, from two drams to four.

2°. Of gentle aperitive mercurials, which purge weakly, or not at all; as

Æthiops mineral, with common ſulphur, made by deflagration, or trituration.

Æthiops mineral, made by trituration with ſugar.

Aſſa fœtida,

Caſtor,

Caſtor,
Myrrh, &c.

each in the doſe of, from fifteen to thirty grains.

3°. Antihyſteric reſins; ſuch as
Caſtor,
Myrrh,
Gum Ammoniac,
Galbanum,

which may be given alone, in the quantity of, from eight to twelve grains; or, of which boluſſes and opiates may be made, by mixing them with the aperitives before propoſed.

4°. Of diluents and humectants, to attemper the blood, and moderate the heat: which the uſe of antihyſterics excites there; ſuch are
Warm baths,
Half baths,
Cooling apozems, or broths,
Chalybeate and acidulated mineral waters,
Whey ſimply, or chalybeated,
Aſſes milk.

5°. Of ſlight purgatives, but often repeated; which ſhould be taken from among the bitter kind; as
Rhubarb,
The infuſion, or ſyrup of peach flowers,
The compound ſyrup of ſuccory;

or they may be rendered bitter, by infuſing in them the tops of
Wormwood,
Centory,
Birthwort.

6°. Of narcotics, properly employed, as ſoon as any ſenſation in the *uterus*, or motion of the nerves, which may give apprehenſions of a fit, is perceived. The following may be employed at diſcretion,
Laudanum in ſubſtance, in the doſe of one grain.
The anodyne tincture, in the doſe of twenty drops.
The pills of hounds tongue, in the doſe of four grains.

Starkey's pills, in the doſe of, from four to eight grains.

Common *theriaca*, in the doſe of half a dram.

The celeſtial *theriaca*, in the doſe of, from ſeven to ten grains.

7°. Laſtly, of a regular regimen, as well with reſpect to the quantity, as the quality of the food, to which it is often very difficult to confine the women, who are very wilful: but it is proper, nevertheleſs, to direct it as very neceſſary for the cure.

It ſometimes happens, that pregnant women have fits of the hyſteric vapours; and ſuch as are very briſk. In this caſe, there is a neceſſity to adminiſter the remedies, which have been propoſed, either in the *paroxyſms*, or out of them: but circumſpection muſt be obſerved, for fear of hurting the child: and the more active remedies ſhould not be admitted a place, unleſs when the violence of the diſorder demands it; and that thoſe, which are more gentle, have been vainly employed.

Of the remedies recommended as ſpecific in the hyſteric vapours.

Among the ſeveral remedies, we ſhall enumerate thoſe only here, that are confirmed by accounts, which may be depended on; or ſupported by the authority of ſome phyſician of credit.

I. In the firſt rank of theſe remedies, may be placed muſk, taken internally, from eight grains to twelve, or even more, either in a bolus, or diluted in ſome ſuitable vehicle.

Horatius Eugenius [1] mixt it in the quantity of five grains, with cinnamon, cloves, and nutmegs, powdered, in the quantity of a ſcruple of each; and gave them together, diluted with wine. He aſſures us, that this remedy always ſucceeded well.

[1] *Lib. XII. Epiſt.* 7.

Rei-

Reinerus [1] Solenander relates, with such an appearance of truth, as demands credit, that, after having employed all the common remedies in vain, for a woman violently attacked with hysteric fits, an old woman cured her almost instantly, by giving her thirteen grains of musk, and as much dragons blood, pounded together; and diluted in four ounces of orange flower water.

Gregory [2] Horstius says, that he alleviated the accidents of the hysteric passion, by giving the patient musk, and amber.

Lazarus Riviere, not only recommended the medicine of Solenander [3] in his practice; but he notes, also, in his observations [4], that he had used it with much success.

I have employed the same medicine in the hysteric vapours, and have reason to speak well of it. It appears to me, that the effect, which it produced, depended on its narcotic virtue.

II. An elk's hoof, *ungula alces*, rasped, and given in a proper vehicle, in the dose of a scruple, or half a dram.

This powder is recommended for the epilepsy; but it does not answer to the hopes, which are given of it. Apollonius Menabenus [5] has taken occasion to recommend it for the hysteric passion; which, as it is well known, has much relation to the epilepsy. He even cites a favourable observation; but he much diminishes the confidence, that might be had in him, when he subjoins, that a bit of elk's hoof, worn in the neck by the patients, hinders hysteric fits.

III. The *julus* of the walnut-tree, dried, and reduced to powder, given in the dose of two scruples, after having added two drops of oil of amber.

Thomas Moufetus [6] boasts this remedy as excellent; and among the most efficacious he had

[1] Sect. IV. Consil. 15.
[2] *Lib. V. De Morbis Mulier.*
[3] *Lib. XV. Cap.* 6.
[4] *Cent. I. Observ.* 65.
[5] *Tractat. De Alce. Cap.* 10.
[6] In epistola *ad Petr. Monavium.*

tried in this diſorder: but there is great appearance, that if any effect be produced by the medicine, it muſt be attributed to the two drops of oil of amber.

IV. Fumigations with the powder of warts, that come on the legs of horſes. They are dried, reduced to powder, thrown, by ſmall pinches, on burning coals, and the fumes, which riſe from them, conveyed to the noſe of the patient.

Aubertus Bottonus [1] pretends, that it is an admirable remedy, which immediately brings hyſterical women to themſelves, that are thought to be dead. Nothing forbids its being tried; and I wiſh, when it is, it may be found as efficacious, as this phyſician has declared it to be.

V. *Oxycratium*, or vinegar mixt with water, given as a glyſter, in the quantity of a pound; or taken by the mouth, in the quantity of a glaſs of five or ſix ounces. Riviere praiſes this remedy extremely, not only in his practice [2], but alſo in his obſervations [3].

VI. The ſeed of dwarf-elder, dried, and powdered; taken in the quantity of a dram, diluted in half a glaſs of wine; or, in default of this remedy, ſhining ſoot powdered; and ſwallowed, in the ſame qnantity, in the yolk of an egg, boiled in the ſhell. Riviere [4] propoſes theſe two remedies; and aſſures us, that they prevent the returns of the hyſteric *paroxyſms*. I ſhall be glad, if any body elſe finds the ſame ſucceſs.

VII. A ſlight decoction of an ounce of white briony root in white wine. Mathiolus [5] propoſes this remedy; and pretends, that a woman, ſubject every day to *paroxyſms* of the hyſteric vapours, was intirely cured by the uſe of this remedy; which ſhe took, for a year, at going to bed, once every week. It is upon the authority of this phyſician, that the briony root holds its

[1] *De Morbis Mulieribus, Cap.* 46.
[2] *Lib. XV. Cap.* 6.
[3] *Centur. III. Obſerv.* 83. Et *Cent. IV. Obſerv.* 6.
[4] *Prax. Lib. XV. Cap.* 6.
[5] *Comment. ad Lib. IV. Cap.* 176.

rank

rank among the antihyſteric remedies: the *fecula* of briony alſo is uſed: but it has little virtue.

VIII. The afterbirth of a firſt labour, dried in an oven, and powdered; given in the proportion of a dram in any ſuitable vehicle. Riviere [1] aſſerts, that this remedy immediately delivers from the *paroxyſm*. Frederic Hoffman [2] recommends it, alſo, as a ſpecific; and it is upon the authority of theſe two phyſicians, I mention it. But I may ſay, with regard to this, that, "*plura refero, quam credo.*"

IX. Some phyſicians [3] employ *camphor* in the fits of the hyſteric vapours. They give it in ſubſtance, reduced to powder, in the quantity of ten or twelve grains, in a bolus, mixt with any antihyſteric ſyrup; or diſſolved in a ſpoonful of oil of ſweet almonds. Sometimes they ſet fire to a piece, and throw it into five or ſix ounces of ſome antihyſteric water; and, afterwards, let the patient ſwallow the water. This medicine acts as an anodyne; the uſe of which is not attended with any danger, provided it be moderate: but I know, by experience, that the ſucceſs of this remedy is very various; and that too great ſtreſs [4] ſhould not be laid on it.

X. The chemiſts cry up extravagantly, in the hyſteric paſſion, the uſe of tin in ſubſtance; and the preparations of it; as the magiſtery; the ſalt; and the oil of Jupiter; &c.

Tin is taken in ſubſtance, after being calcined in a crucible; during which, care is taken to ſtir it conſtantly: or, after having reduced it to powder, by a long trituration, in a marble mortar: which laſt preparation is the beſt, and ſafeſt. It is given in the doſe of eight, ten, or twelve grains, mixt with the extract of ſome antihyſteric plant: or, ſimply, with the *theriaca*, or *confectio-hyacinthi*.

[1] Praxeos, *Lib. XV. Cap.* 6.

[2] Patholog. *Part. III.* §. *I. Cap.* 5. §. 7.

[3] Riviere, *ubi ſuprà.* Velſchius, in *Mictomimematis annexis Ann.* 4. & 5. *Decur. I. Ephemerid. Medico-Phyſic. Germanic. Art.* 7.

[4] *Voyez* Auguſtin Thonerus, *Obſervation. Medicinal. Lib. III. De morb. uterinis, Obſerv.* 5.

As

As to the magiſtery, it is made, by taking the ſolution of tin in *aqua regia*; and adding to it twenty times as much common water, to weaken the *menſtruum*; and cauſe a precipitation of the tin, in form of a white powder: which is waſhed ſeveral times with warm water, to carry off, as much as poſſible, of the parts of the *aqua regia*. This powder is uſed by external application on the navel: and it is, alſo, given internally, in the quantity of four, or ſix grains.

The preparation of the ſalt, and oil of Jupiter, ſuch as Sennertus [1] has given it, is more long and difficult. Engliſh tin is diſſolved in *aqua fortis* made with nitre and alum. A precipitation is ſoon formed at the bottom of a white powder: which is a magiſtery of tin.

This powder is ſublimed in allodials, as the flowers of antimony; and, after having collected it, a ſolution is made of it in diſtilled vinegar.

The vinegar is, afterwards, diſtilled to dryneſs. What comes over, is again put to the ſame powder; and theſe cohobations are repeated, till the whole powder riſes with the vinegar. The vinegar is evaporated to dryneſs; and a tincture is drawn from the matter, which remains with the ſpirit of wine; and the extractions repeated, till the whole be united with ſpirit of wine. The ſpirit of wine muſt then be diſtilled to half the quantity; and the reſt ſet in a quiet place. There will be formed chryſtals, which are the ſalt, or the chryſtals of Jupiter: which are given internally in the ſame doſe as the magiſtery.

If theſe chryſtals get in a moiſt place, upon a marble table, a little inclined, they will run, *per deliquium*, into a fluid ſomewhat viſcid: which is called the *oil of Jupiter*, or *of tin*. It is pretended, that ſome drops of this oil, put on the navel, removes immediately the hyſteric *paroxyſms*. Some have even

[1] Inſtitution. *Lib. V. Part. III.* § *III. Cap.* 15. Et Practic. *Lib. IV. Part. II.* §. *III. Cap.* 4.

ven-

ventured to give it internally, in the quantity of four or five grains, in a suitable vehicle.

The exaggerations of the chemists are well known. If they might be believed [1], these remedies drive away the hysteric *paroxysms*, *usque ad miraculum incantamenti instar*. I own, nevertheless, that I have never dared to use them; and I applaud my own timidity, since Boerhave himself condemns them [2]. *Minùs amo hoc metallicum, tutiora præsto sunt eidem proposito.*

[1] *Præstantissima ac præsentissima sunt remedia in uteri suffocationibus, quas ad miraculum compescunt, tam intrinsecùs, quam extrinsecùs.* Joh. Schroderus, *Mineralogiæ, Cap.* 14.

[2] Chimiæ, *Part. III. Processu* 187.

END *of the* SECOND BOOK.

CHRONOLOGICAL CATALOGUE

OF THE

PHYSICIANS,

Who have written treatiſes, particularly on the diſeaſes of women: or who have expreſly mentioned them in their courſes of phyſic:

Divided into four epochas.

FIRST EPOCHA.

THIS *epocha* begins with medicine itſelf; and is loſt with it in the obſcurity of the times. It comes down to near the year of our Lord 800; when the Roman empire, falling into decay, medicine, and the other ſciences, paſſed to the Arabians, whoſe dominion was then extended into Aſia, Africa, and even Europe; and whoſe empire was flouriſhing.

In the beginning of this *epocha*, medicine was very variable; and divided into ſeveral ſects: becauſe there was no ſyſtem, which could embrace all the different parties; and fix the uncertainty of opinions. But towards *anno Domini* 180, Galen formed one, that was ſufficiently plauſible; or, at leaſt, very popular, conformably to the doctrine of the peripatetics; and founded upon the four qualities of hot, cold, dry, and moiſt; upon the four elements; the four temperaments; and the four *intemperies*.

Though

Though Hippocrates did not follow any ſyſtem; or if he had a diſpoſition towards any, it was for that of Democritus [1], adopted afterwards by Epicurus, to which he appeared to incline; Galen has ingeniouſly accommodated to his ſyſtem, the doctrines, which are found in Hippocrates; for which they had, at that time, much veneration.

In this ſyſtem, although falſe, as to what regarded natural philoſophy, every thing was comprehended, that was eſſential and neceſſary in medicine; that is to ſay, whatever could be collected, meerly by obſervation, on the nature, and cauſes of diſeaſes; the intentions, which ſhould be propoſed for their cure; the means that ſhould be perſued to effect theſe intentions; and, in ſhort, the knowledge of diſeaſes; intentions of cure; and remedies; which together conſtitute the eſſential part of medicine.

The ſyſtem met with ſome oppoſition in the time of Galen himſelf: but it was ſoon after received by all the phyſicians of this firſt *epocha*, who came after him. The Arabians, and thoſe who followed their footſteps, conformed to it in the ſecond *epocha*. It was generally received, explained, and admired in the third, by all the phyſicians, who lived in Europe ſince the reſtoration of letters, till the time of the new diſcoveries made in anatomy; and the lights, which have been obtained by the opening of dead bodies in the fourth, and laſt *epocha*. Although it has been rejected in this *epocha*, with reſpect to all that concerns philoſophic explanation, every thing has been yet retained, that was eſſential to medicine. I mean, as to what relates to the nature of diſeaſes; the intentions of cure, which ariſe in them; and the means of effecting thoſe intentions. For, although very conſiderable improvements have been made in each of theſe articles, they have rather ſerved to extend the plan formed by Galen, than to ſubvert it.

[1] On a cru que Hippocrate avoit été ſon Diſciple. *Celſus, in Præfatione.*

In

In the firſt *epocha*, application was ſedulouſly made to pharmacy; as appears by the number of *formulas*, which Galen has collected in his books of pharmacy[1]; or which are found in the work of Scribonius Largus. But it muſt be allowed, that the greateſt part of theſe *formulas* were loaded with a too great number of ingredients; and that it was not without reaſon, Pliny[2] blamed ſuch compoſitions.

Nor was botany neglected. Cratevas is ſpoken of, with praiſe, as a learned botaniſt; but his works are loſt, if he compoſed any. Notwithſtanding they are wanting, it may be judged from thoſe of Diaſcorides; and even by the catalogue which Pliny makes of a great number of plants; that this ſtudy was then very well cultivated.

The ſame cannot be ſaid with relation to anatomy. It is indeed boaſted, that Herophilus and Eraſiſtratus, were very well verſed in this ſcience: but it muſt be confeſſed, that Hippocrates, Galen, and the other great phyſicians, of whom we have any remains, were but little proficient in this branch of knowledge; and there is reaſon to doubt, whether they ever diſſected any human bodies.

The opening of bodies, ſo neceſſary to diſtinguiſh the cauſes, and the ſeats of diſeaſes, muſt have been very rare at that time, when they applied ſo little to anatomy. I do not remember, among all the Greek phyſicians, any obſervations made on dead bodies.

They were ignorant, in this *epocha*, even of the name of chemiſtry; nor was it till long after, that the ſtudy of it was perſued; or the knowledge afforded by it introduced into medicine.

The belief of the influence of the ſtars over the human body, was very antient among the eaſtern nations; and the conſequence, perhaps, of Sabeiſm,

[1] *De Antidotis.*
De compoſitione medicamentorum ſecundùm locos.
De compoſitione medicamentorum per genera.

[2] Quo Deorum perfidiam iſtam monſtrante? Hominum enim ſubtilitas tanta eſſe non potuit. Plin. *Hiſtor. naturæ Libr. XIX. Sect.* 8.

which was their moſt common religion. This prejudice paſſed into Greece; and the Greek phyſicians were not exempt from it. Galen contributed to augment, and confirm it, by the manner in which he arranges the critical days; and by the influence which he gives to the moon over the humours.

The folly of giving credit to the virtue of words, and characters, is yet leſs excuſable. There are, nevertheleſs, very certain proofs, in the inſtance of Cato [1], who recommends the ſaying certain barbarous words, in order to reduce diſlocated or fractured bones; and who promiſes ſucceſs from this method: and in that of Q. Serenus Sammonicus, phyſician and preceptor to the emperor Gordian, who [2] adviſes for agues, to write ſeveral times over the word *Abracadabra*; retrenching each line the laſt letter; and aſſures us, a cure will be obtained, by wearing this writing about the neck.

The ſame judgment may be made of the prepoſſeſſion, which there was in this age for amulets; that is to ſay, for the ſuperſtitious application of certain ſubſtances upon certain parts. Galen [3] aſſerts, that the root of male peiony, hung on the neck of children, checks the fits of the epilepſy; and he ſays, he has been witneſs to it. Æcius adviſes [4] the wearing a

[1] Cato, *De Re ruſticâ, Cap.* 160.

[2] Inſcribas carthæ quod dicitur Abracadabra,
Sæpiùs, & ſubter repetas, ſed detrahe ſummæ,
Et magis atque magis deſint elementa figuris
Singula, quæ ſemper rapies, & cætera figes,
Donec in ănguſtum redigatur litera conum,
His lino nexis collum redimire memento.

ABRACADABRA.
ABRACADABR
ABRACADAB
ABRACADA
ABRACAD
ABRACA
ABRAC
ABRA
ABR
AB
A

[3] De Simplicium Medicam. Facultat. in voce *Glycyſida.*

[4] *Libr. II. Cap.* 35.

jaſper

jaſper ſtone hung round the neck, and deſcending to the pit of the ſtomach; and he ſays, he had proved on himſelf, that it would cure the pain of the ſtomach. Trallian [1] goes ſtill further; and propoſes, as a remedy for a tertian ague, to write with ink, on an olive leaf, the two words CA ROI; and to hang them round the patient's neck; cautioning very ſeriouſly to gather the olive leaf, before the riſing of the ſun. I could cite a great number of ſimilar inſtances; but I rather chuſe to refer to Augier Ferrier, a phyſician at Toulouſe, in his *Methodi Medendi, Libr. II. Cap. XI.* where ſeveral may be found.

In this *epocha*, three new diſeaſes broke out, as Pliny [2] relates, at Rome; and in part of Italy; which gave an alarm; but did not laſt for a long time.

The firſt was the leproſy, which the army of Pompey brought with them, on returning from Syria; where it was common and endemic, as well as in Egypt; but this diſorder ſoon ceaſed in Italy: *& hic quidem morbus*, ſays Pliny, *in Italia celeriter reſtinctus eſt.*

The ſecond was a kind of corroſive and contagious tetter, which particularly attacked the chin; and was communicated by kiſſing, *veloci tranſitu oſculi*; on which account it was called *mentagra.* Pliny ſays, that this diſorder was brought to Rome from Aſia by a Roman knight, whom he has named.

The laſt is the carbuncle, or *anthrax*, which Pliny regards as a particular diſorder of the province of Narbon; from whence he ſays, that it had been brought to Rome.

Pliny ſeems to make mention, in the ſame place, of the colic, as a new diſeaſe, with which the emperor Tiberius was the firſt perſon attacked. He adds, that Rome was in great confuſion, when the emperor, to excuſe himſelf, ordered it to be declared, that he had the *colum*; for that is the name he uſed; *Magnâ civitatis ambage, dùm edicto ejus excuſantis valetudinem legeretur nomen incognitum.* But there is rea-

[1] *Libr. XII. Cap.* 7.
[2] *Hiſtoriæ naturalis, Libr. XXVI. Sect.* 1.

ſon to believe, that this confuſion was leſs cauſed by the nature of the diſeaſe, which it was impoſſible not to know at Rome, than from the name of *colum*; which the emperor had employed, and which was new to them.

Ann. 432 before Chriſt.] HIPPOCRATES is the moſt antient phyſician, whoſe works are come down to us; which has greatly contributed to the making him be conſidered as the father of medicine. He is too much known to render it neceſſary to dwell on the relation of what is delivered to us concerning his life: which is indeed confined to a very ſmall compaſs, and contains nothing very certain.

It ſuffices to remark, that, according to the moſt common opinion, he lived in the year of the world 3538, and of Rome 318; and 432 years before Jeſus Chriſt: that he was born in the iſle of Cos, in the Archipelago; and that he practiſed phyſic principally in Theſſaly and Thrace.

It is agreed that he lived long. Thoſe who moſt ſhorten his life, pretend that it was eighty-ſix years; but there are others, who make him to have lived to a hundred and nine; which would do honour to his knowledge and his regimen.

Among the works that are aſcribed to him, ſeveral have always been ſuſpected to be ſpurious. The difference of ſtyle and principles, ſeem to authoriſe this ſuppoſition; and it is more amply confirmed by the confeſſion of Galen [1] himſelf, that it was not before the reign of the emperor Adrian, two phyſicians of Alexandria, Artemidorus Capito, and Dioſcorides, collected his works, to form them into a body, five hundred years after his death. It is very difficult, after ſo long a time, to ſucceed in making this collection with ſufficient judgment, to avoid inſerting every thing but what was genuine.

Erotien, who lived under the emperor Nero, and endeavoured to diſtinguiſh the true works of Hippocrates, does not inſert in this number, all thoſe which

[1] *Comment. I. in Librum Hippocratis, De naturâ humanâ.*

we

we have at this time under his name. He neither ſpeaks of the book *de Naturâ Muliebri*, nor of that *de Virginibus*. He acknowledges, indeed, the two books, *de Morbis Muliebribus*, and that *de Sterilibus*; which ſeems to eſtabliſh the genuineneſs of them. But, in ſpite of his authority, the editors of Hippocrates, all agree in regarding as ſpurious the end of the firſt book, *de Morbis Muliebribus*; which renders the whole of the two books dubious.

I am not the firſt who has entertained this ſuſpicion. Mercurialis, who has written a judicious comment on the works of Hippocrates, in which he has made four claſſes, has put the books, *de Naturâ Muliebri*, *de Morbis Muliebribus*, and *de Sterilibus*, in the third claſs; that is to ſay, into that of the works, in which Hippocrates had no part; but which may have been compoſed by ſome of his diſciples. J. Henry Shulan[1], profeſſor of phyſic at Altdorf, has followed the opinion of Mercurialis on this article; and has even confirmed it by additional reaſons.

We are willing to conform, nevertheleſs, to the opinion of Erotien, and give Hippocrates the three books in queſtion; but we muſt allow, however, that a want of method prevails, which is difficult to be excuſed; and that opinions are taught there concerning the *aberration* of the *uterus*, which are very falſe; although, in other reſpects, they are very conformable to the doctrines, which Hippocrates has eſtabliſhed in ſeveral places of his works. It is aſſerted, that the *uterus* changes its place; that it riſes not only to the ſtomach, the liver, and the heart, but even to the head: and that it cauſes, by this means, all the accidents of the hyſteric paſſion. It is amazing that Hippocrates could attribute to the *uterus* ſuch motions, of which the impoſſibility is plainly evident: but it is yet more aſtoniſhing, that an opinion, ſo palpably falſe, could delude almoſt all the phyſicians who have lived ſince.

[1] In Hiſtoriâ Medicinæ, in-4to. Lipſiæ, 1728. pag. 215, 216, & 244.

Ann. 96 before Chriſt.] ASCLEPIADES, of Pruſa in Bythinia, who practiſed phyſic at Rome with great reputaton in the time of Pompey the Great, about the year of Rome 658, and 96 years before Jeſus Chriſt. Cicero [1] calls him his phyſician and friend.

None of the works of Aſclepiades have come down to us. But there are found in Æcius [2], of whom we ſhall ſpeak below, remedies proper for cicatriſing the ulcers of the *uterus*; which he attributes to one *Aſclepiades*; and according to all appearance, the Aſclepiades here in queſtion, whom Galen [3] himſelf often quotes.

Ann. 35 of the chriſtian æra.] AURELIUS, or AULUS, CORNELIUS CELSUS, a Roman phyſician, who lived in the reign of Tiberius, celebrated for a treatiſe on medicine, written in fine Latin; and the only one, who has written in that language, while in its purity. It is diſputed whether Celſus was a phyſician, and practiſed; or only a man of genius and knowledge, who undertook to write on medicine; as he has alſo on war and agriculture. But theſe queſtions are difficult to be decided; and, in fact, of little conſequence. It is ſufficient to obſerve, that the treatiſe, compoſed by him, is a compilation of matters, taken from the Greek phyſicians; and particularly Hippocrates; in which the ſubjects are diſpoſed, without regard to any order; and which may be conſidered as miſcellaneous memoirs, or, if that be thought more proper, eſſays on medicine.

This treatiſe is divided into eight books. The twentieth chapter in the fourth book, treats of the hyſteric paſſion, which is there not well deſcribed; but it has been ſhewn, by the collation of two manuſcripts of Celſus [4], that this chapter was imperfect; and that there was in this place an *hiatus*, which has made us loſe the end of it; the following,

[1] Libr. I. *De Oratore, pag.* 283. *camentorum.*
[2] *Libr. XVI. Cap.* 93. [4] Morgagni, *Epiſtol. II. & III.*
[3] *Libr II. De antidotis, & in Celſum.* paſſim, ubi *de compoſitione medi-*

De

De Vulvâ exulceratâ, and two others, *de Veſicâ*, & *de Calculis in veſicâ*.

In the ſeventh book are found two other chapters, in which alſo the diſeaſes of women are treated of: the XXVIII. where impervious girls, *imperforatæ*, in Greek ἄτρηλαι, and the extraction of a dead *fœtus*, are ſpoken of. There is nothing in Celſus, relating to the diſeaſes of women, which is not found every where elſe, and even better. It is not, therefore, to obtain medical knowledge [1], that he is read. But as a phyſician ſaid, who had ſtudied him well, *illius cote ſtylum ſubigemus*, & *pluris latinitatem ejus*, *quàm medicinam faciemus*.

Ann. Dom. 200.] GLAUDIUS GALEN, of Pergamus, one of the moſt celebrated Greek phyſicians after Hippocrates. It may be inferred from what he has ſaid himſelf of the age he was of, when Marcus Aurelius, and Lucius Verus, who were at Aquileia, ſent for him to them, that he muſt have been born the fifteenth year of the reign of Adrian [2], about *anno Dom.* 132. He went over ſeveral provinces of the Roman empire; but ſtayed particularly in Ægypt, and at Alexandria [3], which was then the moſt celebrated ſchool of medicine. He lived under the emperors Antoninus, Marcus Aurelius, Lucius Verus, Commodus, and Severus; who eſteemed and employed him on ſeveral occaſions.

Suidas ſays, that Galen lived ſeventy years; and on that ſuppoſition, being born in the fifteenth year of Adrian's reign, he muſt die in the ninth year of the reign of Severus; which falls upon the year 201 of the chriſtian æra. This calculation appears more juſt than that of ſome other authors, who make him live longer. He died at Pergamus, in his native country, to which he had returned for reaſons that are not known.

[1] Johannes Rhodius.

[2] *Vide Chronologicum Galeni Elogium à Philippo Labbeo.*

[3] Ammien Marcellin, *Livr. XXII. ſur la fin.*

Galen compoſed many works; but they are not all come down to us. He has informed us himſelf, that part of them were burnt in the fire of the [1] temple of Peace at Rome, where they had been depoſited; but there remains enough of them to diſplay the character of Galen; for he has depicted himſelf well in them.

It is certain, that he was not only learned in medicine, but alſo in ſeveral other ſciences. As to his ſtyle, it was circumlocutory, prolix, Aſiatic, and ſubject to repetitions, which render the reading his works very tireſome. With regard to his character, he was vain, and oſtentatious; arrogating to himſelf the higheſt praiſe, at the ſame time he cenſured other phyſicians, and endeavoured to diſparage them on every occaſion.

Notwithſtanding theſe faults, which can neither be denied nor juſtified, Galen was eſteemed in his lifetime; but he was much more ſo after his death, when his ſyſtem was eſtabliſhed: for it muſt be acknowledged, that it ſuffered at firſt great oppoſitions; and he allows it himſelf, in relating what Quintus his cotemporary, and a celebrated phyſician, ſaid [2]; who, to ridicule him, maintained, that all he delivered concerning hot and cold, moiſt and dry, could relate only to keepers of baths. [3] *Quod de calido, frigido, humido & ſicco aiunt, utique balneatorum eſſe nomina.*

It is difficult to determine whence Galen's credulity, with relation to dreams, aroſe; but it was exceſſive, and admits of no apology. He earneſtly recommends [4], that a great attention ſhould be paid to dreams; and relates [5], that in conſequence of two very clear dreams, he ordered, that in the caſe of a patient, who had a pain in his ſide, the arteries, which is betwixt the finger and the thumb of the right hand, ſhould be opened, and the blood ſuffered to be diſcharged, till it ſtopt of itſelf:

[1] *Libr. I. De compoſit. Medicamentorum per genera, Cap.* 1.
Et de Libris, propriis, Cap. 2.

[2] *Libr. de præcogn. ad Poſthumum, Cap.* 1.

[3] Galenus, *De ſanitate tuendâ, Libr. IV. Cap.* 13.

[4] *In Libr. VI. Hipp.* de Humoribus, *Comment. II.*
Method. Medendi, Libr. XIV. Cap. 2.

[5] *De curandi ratione per ſanguinis miſſionem, Cap.* 23.

Nam,

Nam, says he, *somnium ita præceperat*, and the patient was cured. Moreover he adds, in another place, that a priest[1] of the god of Pergamus, ill of a pain in his side, was freed from it, by being let blood on the outside of the hand, as ordered by him, conformably to an intimation which he received in a dream: *aggressus*, says he, *& ipse illud insomnii monitu.*

It cannot be doubted, but that in the great number of works which Galen wrote, he has often made mention of the diseases of women: but we do not propose to collect these loose passages. We shall only observe, that he has not left any particular treatise upon this subject. For that, which is found in the collection of his works, under the title of *Gynæceis*, is a spurious work, by the confession of all editors. It is certain, that work is unworthy of Galen: and Brassavole, in the IXth edition, published by the Juntes, as well as Rene Chartier in his, agree that it is, *Jejuna prorsus & angusta tractaria.*

Ann. Dom. 250.] SORANUS. There are two of this name, who were physicians, and both of Ephesus; of whom the one lived in the reigns of Trajan and Adrian, and is the reputed author of a life of Hippocrates, which is come down to us. Suidas ascribes to the other, who is younger, four books of the diseases of women; which gives reason to presume, that there should be ascribed to him also a little treatise, *de utero muliebri pudendo*, printed in Greek at Paris, 1554, in octavo, by Adrian Turnebe; and again in Latin, by William Morel, in 1556.

This treatise appears to be a fragment of a larger work. It contains an anatomical description of the structure of the *uterus*; but as that part was then very ill understood, this treatise is intirely useless at present.

Ann. Dom. 350.] ARETEUS of Cappadocia, an antient physician; of whom there remains to us a work on medicine in Greek, divided into eight books; but they are not come down to us intire.

[1] Esculape.

There

There is a difference of opinion, with relation to the age of this phyſician. Some do not heſitate to place him in the time of the firſt Cæſars. To eſtabliſh this opinion, they build principally on the Ionic dialect, in which this phyſician has written; and pretend, that it was not in uſe after the firſt Cæſars. But Menage has refuted this objection [1], by quoting ſeveral authors, who lived under Adrian or Severus; and have yet uſed it.

It is more conſiſtent with appearances, to place this phyſician more late; and after Galen; but before Ætius, who lived in 380; and Paul Æginatus, who lived in 420; ſince both cite him.

The ſtyle of Areteus is conciſe and cloſe, as that of Hippocrates, whom he had read, and whom he quotes. There are not the leaſt traces of the theory of Galen to be found in him; which proves, that he had not ſeen the works of this phyſician, or did not approve them.

In Areteus is found the firſt [2] obſervation of an hydatic dropſy, which he deſcribes well enough; but of which he did not underſtand either the nature or origin.

Of the eight books, which the works of Areteus contain, there are only four propoſed to explain the cauſes and the ſymptoms of diſeaſes; two of thoſe which are acute, and two of the chronic. The other are diſpoſed in the ſame manner; two to explain the treatment of acute diſeaſes; and two that of the chronic.

In the ſecond book of *the cauſes and ſymptoms of acute diſeaſes*, Areteus ſpeaks, in chapter XI, of the hyſteric paſſion, under the title of *de vulvæ ſtrangulatu*: and, in the ſecond book of the treatment of acute diſeaſes, he ſpeaks of the method of cure of the ſame diſeaſe, in chapter X, under the title *curatio vulvæ ſuffocationis*.

[1] *In amœnitatibus juris.*

[2] *De ſign. & cauſ. diuturn. morb. Libr. II. Cap.* 1.

He

He ſpeaks in the ſame manner, *de morbis uteri*, in chapter XI. of the ſecond book, *of the cauſes and ſymptoms of chronic diſeaſes*: and he treats of their method of cure, in chapter XI. of the *ſecond book of the treatment of the chronic diſeaſes*.

Ann. Dom. 363.] ORIBASUS, a native of Sardes, lived in the fourth century. He was the friend, and even the favourite of the emperor Julian, under whom he had great authority, and acquired great riches. But this emperor having been killed in the war againſt the Perſians, in 363, Oribaſus, who ſurvived him, had not the ſame countenance from thoſe who came after him.

Oribaſus informs us himſelf, that Julian had commanded him to make a collection of every thing, that was good in the writings of the antient phyſicians: that he acquitted himſelf of this commiſſion; and that the collection contained ſeventy books. He afterwards made, himſelf, an abridgment of it into nine books, for the ſervice of Euſtathus his ſon. He wrote, ſome time afterwards, four books of the moſt common remedies; which he addreſſed to the emperor; and at laſt he deſcribed in one book, appropriated to this ſubject, the chirurgical machines uſed in his time.

The nine books, which he wrote for his ſon Euſtathus, are yet extant, under the name of *Synopſis Medicinæ*; as alſo the four, which he addreſſed to Eunapius; and the treatiſe *de laqueis & machinamentis*. But his great work, intitled, *Collectanea Artis Medicæ*, is not come down to us intire; and, of the ſeventy books it contained, there remains only ſeventeen. Theſe ſeveral works of Oribaſus have been tranſlated into Latin from the manuſcripts, by John Baptiſt Raſarius, a phyſician at Novarra, and printed at Baſil in 1557, in three volumes, octavo. But I do not believe they have been printed in Greek.

This phyſician ſpeaks of the diſeaſes of women in two of his firſt works. In that, which he wrote for his ſon, there is, in the ninth book, fifteen chapters, where

where he treats particularly of the principal diſeaſes of women; and in that which he addreſſed to Eunapius, there are, in the fourth book, ſeven chapters, where likewiſe he treats on the ſame ſubject: but there is not, in either of theſe places, any thing to be found, that is very intereſting or uſeful.

Ann. Dom. 380.] ÆCIUS of Amida, a city of Meſopotamia, lived after Oribaſus [1], whom he quotes; and, conſequently, at the end of the fourth century. He is confounded erroneouſly with Ætius, an half Arian biſhop; which miſtake has ariſen merely from the ſimilitude of the names.

This phyſician has left a collection of the whole body of medicine, much more inſtructive and uſeful than that which remains to us of Oribaſus. It is divided into ſixteen books, of which there are only the eight firſt that have been printed in Greek at Venice, by Aldus, in folio, in 1534. The other eight remain only in manuſcript, in ſeveral libraries, particularly in the king's, where there are a number of copies of it. James Cornarius has tranſlated the intire work of Æcius, from the Greek into the Latin; and printed it at Baſil, for Frobenius, in 1542, in fol. under the title of *Contracta ex Veteribus Medecina.* The laſt book of this work, which contains 112 chapters, is deſigned intirely to explain the diſeaſes of women; and it is the firſt treatiſe on this ſubject which merits to be read.

There is no particular more laudable than the ſincere confeſſion, which this author has made, of the originals whence he borrowed. He quotes in ſeveral places Galen; Aſpaſia, whom I believe to have been a midwife; Philomenes, Leonidas, Archigenes, Rufus, Philagrius, Soranus, and Aſclepiades.

Ann. Dom. 420.] PAULUS EGINETUS, of the iſle of Egina, lived, as I apprehend, in the reigns of Honorius, and Theodoſius the younger, about *anno Dom.* 420: at leaſt it is very clear, he lived after Oribaſus and Æcius, ſince he quoted them.

[1] Lib. XV. Cap. 13, 18, 29. & alibi paſſim.

This

This phyſician has left a courſe of medicine, ſuch as were made at that time, under the title *De re Medica*, divided into ſeven books. He allows himſelf, that it is a collection of the beſt matter contained in the authors, which preceded him; and, particularly, in Galen and Oribaſus.

This work was printed in Greek, the firſt time at Venice, for Aldus, in folio, in 1528. It has been tranſlated into Latin by ſeveral phyſicians; as Albanus Torinus, John Guintherius Andernacus, and John Cornarius: and theſe different tranſlations have been printed ſeveral times.

There is found, in the third book of this work, ſeventeen chapters on the diſeaſes of women, from the 60th, incluſive, to the 76th. There is likewiſe found, in the ſixteenth book, ſeven chapters, from the 69th to the 75th, where he treats principally of deliveries, and the conſequences of them.

Ann. Dom. 500.] MOSCHION. The age in which this phyſician lived, is not known; but there is great reaſon to believe, that he is not very antient. There remains of him a treatiſe in Greek, *περὶ γυναικείων παθῶν*, *id eſt*, *de morbis muliebribus*; which contains 163 little articles, or chapters. This work was full of faults in the Greek manuſcripts; and, whatever care Geſner may have taken to correct him, it is yet very faulty.

There has been found an antient tranſlation of it into Latin; which is much more complete; and has been the means of reſtoring ſeveral paſſages in the original.

The original, and the tranſlation, are both inſerted in the two collections of authors, who have written on the diſeaſes of women; the one by Wolphius, and the other by Spachius.

It is proper to avoid confounding Moſchion, of whom we now ſpeak, with another of the ſame name, much more antient; to whom Pliny aſcribes two works; the one *de Raphano*, and the other *de Peſſariis*.

Ann.

Ann. Dom. 800.] CLEOPATRA, queen of Egypt, to whom a treatiſe *de Morbis Mulierum*, written in Latin, is aſcribed: but we are informed, that it has been tranſlated into Greek, without being told by whom.

This treatiſe is in the two collections of authors, who have written on the diſeaſes of women; the one for Gaſpar Wolphius, printed at Baſil, in 1566, in quarto; and the other for Iſrael Spachius, printed at Straſburg, in 1555, in folio. It cannot be doubted, but that this is a ſpurious work, and framed in the times of ignorance.

Ann. Dom. 800.] THEODORUS PRISCIAN, a Latin phyſician, who is believed to be more antient than he really is; and whom, I judge, ſhould be placed in the eighth or ninth century: but it is not our buſineſs, at preſent, to enter into this diſcuſſion.

There appears under his name, a treatiſe addreſſed to Timotheus his brother, divided into three books. The firſt intitled, *Phænomenon Euporiſtων*; the ſecond *Logicus*; and the third *Gynæcia ad Salvinam*. In the laſt, the author treats of the diſeaſes of women in ten chapters, very briefly. This work was printed at Baſil for Frobenius, in 1532.

The ſame work appeared the ſame year, printed at Straſburg, in folio, joined to three books of ſurgery of Albucaſis, by the procurement of Herman, count of Neuvenare; with theſe differences, nevertheleſs, that, in the edition of Baſil, the work is aſcribed to Theodorus Priſcianus; and in that of Straſburg, to Octavius Horatianus: that in the edition of Baſil, there are only three books, of which the titles are given; and, in that of Straſburg, there are four in the following order.

I. *Logicus de curationibus omnium ferè morborum corporis humani ad Euporiſtum.*

II. *De acutis & chronicis paſſionibus ad eundem.*

III. *Gynæcia de mulierum accidentibus & curis eorundem, ad Victoriam.*

IV. *De Phyſicâ ſcientiâ ad Euſebium filium.*

and,

and, lastly, that in the edition of Basil, the woman, to whom the book of the diseases of women is addressed, and whom I believe to have been a midwife, is called Salvina; whereas in that of Strasburg she is named Victoria.

Ann. Dom. 915.] NONUS, a Greek physician, who lived about *anno Dom.* 915, in the reign of Constantine Porphyrogenetes; from whom he is said to have received orders to write the following book,

De omnium particularium morborum curatione. Argent. in 12°, 1568.

Jerom Martius, a physician at Augsbourg, having found the manuscript in the public library of that city, translated it into the Latin; and procured it to be printed in both that language and the original.

This work treats of almost all diseases, in 296 chapters, which are not long, in such manner, that it is a short *compendium* of the art of medicine; but very clear, accurate, and containing a system of practice, which answers to the comprehensiveness of the treatise. The diseases of women take up thirteen chapters; and they are explained in them, according to the principles of Paulus Eginetus, and Ælius.

Though Nonus lived out of the limits, I have set to the first *epocha*, I thought it proper to include him in it; because the manner, in which he treats on medicine, is the same with that of the Greek physicians; and does not resemble in any thing the manner of the Arabians.

SECOND EPOCHA.

IN the nineteenth century, the empire of the West had been destroyed a long time; and its provinces invaded by the barbarous nations, who had not the least regard for sciences. That of the East still

ſubſiſted; but grew weaker continually: and the ſciences, which had flouriſhed there, were inſenſibly loſt. At this time, on the contrary, the empire of the Arabians was increaſing, by a rapid progreſs; and the power of the califs, their ſovereigns, already extended over a great part of Aſia, Africa, and even Europe.

The ſciences, and the polite arts, but particularly the ſcience of medicine, follow the fate of empires. Thus, in proportion as they decayed with the Greeks, they began to flouriſh with the Arabians; whoſe empire was at the higheſt period, principally under the calif Almamon Abdalla, who mounted the throne, *anno Dom.* 813; and who cauſed the Greek works to be tranſlated into Arabic. By this means, all the learning of the Greeks was ſoon transferred to the Saracens; and it was now only in their empire, that aſtronomy, mechanics, and medicine, were found; while all other nations, and conſequently every part of Europe, were plunged in ignorance.

This ſtate continued near four or five hundred years, from the year 800 to 1200. During this interval, the people of Europe began to be enlightened, by the commerce they had with the Saracens, the ſole poſſeſſors of ſcience. It may be eaſily judged, that this commerce muſt be carried on in the provinces, where the dominions of each lay contiguous to thoſe of the other: in Italy, by the kingdom of Naples, of which they poſſeſſed one part; and which was in the neighbourhood of Sicily, where they were eſtabliſhed; and in France, by Languedoc, adjacent to Spain, of which they were the maſters.

In ſpite of the diverſity of religion, and the diſlikes which they had for them, the Chriſtians had [1] ſtill ſome immediate intercourſe with them, of which there

[1] The city of Salerno was formerly a ſea-port, very much frequented: and it cannot be doubted, but that the Saracens, who poſſeſſed Sicily, Africa, and Spain, came there continually on account of commerce.

More-

there are proofs [1]: but the greateſt part of the commerce was carried on by the intermediation of Jews, who were received among both. By this means, the art of medicine was communicated to the inhabitants of the kingdom of Naples, and to thoſe of Languedoc: and it was owing to this, that the two moſt antient colleges of medicine in Europe, thoſe

Moreover Trotula, a midwife (*a*) of Salerno, of whom we have a treatiſe, (*b*) written about the year 1200, or 1250, ſpeaks (*c*) of a Saracen woman, who adminiſtred remedies to correct the bad ſmell of the mouth; and mentions the medicament made uſe of by the Saracens to blacken the hair; which evinces, that there were ſtill in her time Saracens in Salerno; and even ſuch as were engaged in medicinal practice.

[1] With reſpect to Montpelier, the will, which William, the ſon of Ermangunde, lord of Montpelier, made in 1121, where he forbids his ſucceſſors to grant to any Jew, or Saracen, any office or authority, (*d*) *Hæredibus meis prohibeo ne aliquam bailiam vel dominationem alicui Judæo vel Saraceno in Montepeſſulano donent*, proves, that there were Saracens at Montpelier, who maintained a conſiderable rank there, ſince they had held, till that time, the moſt important offices of the city.

The Jew, Benjamin of Tudila, who went to Montpelier, in 1160, (*e*) ſpeaks of this city, as a place proper for commerce, where the Chriſtians, and the Saracens, went from all parts: *Locus*, ſays he, *negotiationi accommodus . . . . . quò ex omni loco ad mercaturam confluunt Edom* (Chriſtiani) *& Iſmael* (Saraceni) *plurimi*. There is a great appearance, that in this number of Saracens, which went to Montpelier, there muſt be ſeveral phyſicians.

Moreover William, ſon of the ducheſs Mathilda, who had the ſeignory of Montpelier, and grandſon of William, who was mentioned before, (*f*) promiſes formally, in 1196, to the inhabitants of the city of Montpelier, by a declaration, of which the original is yet extant, not to be induced by prayer, money, or any other ſolicitation, *prece aliquâ, vel pretio, ſeu ſollicitatione alicujus perſonæ*, to reſtrain to one phyſician alone, the right of teaching medicine, in the ſchools of Montpelier; but to permit every perſon to read lectures there, in what place they think proper, to which he orders his ſucceſſors to conform. It appears there could be no reaſon for employing expreſſions ſo general, *quicunque ſint, & undecunque ſint*; unleſs for compriſing the Jews, and even the Saracens, in the permiſſion of teaching medicine at Montpelier.

(*a*) Voyez ſon article ci-après. (*b*) *De paſſionibus mulierum.* (*c*) *Cap.* 61. (*d*) Gariel, *Series præſulum Monſpelienſium, in vita Galteri*, Edit. 2. pag. 140. (*e*) In principio *Itinerarii.* (*f*) Gariel, *ubi ſupra*, p. 229.

of Salerno and Montpelier, were formed in these provinces; and from hence the study of medicine propagated itself from place to place, over the rest of Europe; and by the example of the two colleges, we have mentioned, many others have been successively formed.

But as every thing is subject to vicissitudes, about the eleventh and twelfth century, schism, and revolt, divided the powerful empire of the califs; and this division was fatal to sciences, which begun to decline as well as medicine. Happily we were already sufficiently informed. The study of medicine kept its ground, and even made a progress with us, though guided indeed by the footsteps of the Arabians, from whom we obtained it; and closely following the track they had pointed out to us. At that time, and even for long after, nothing was read in the schools, but translations of the books of the Arabian physicians; and particularly those of the Canon of Avicenna[1]; or of the ninth book of Rhasis to Almansor, where there is an abridgment of medicine, which were as the text to the lessons that were read to the pupils. Thus there are reckoned more than thirty commentators on Rhasis; and the number of those on Avicenna, and the other Arabian authors, is still greater.

This prejudice continued near three hundred years, till the taking of Constantinople by the Turks, in 1453; and the revival of letters, which was the consequence of it; as it procured to physicians the means of reading Hippocrates, and the other Greek writers on medicine: from whence they obtained new lights, more just and more extensive. This is, in my opinion, the time which ought to be regarded as the beginning of a third *epocha*.

[1] Prælegebatur Avicenna, qui princeps totius artis habebatur ac appellabatur. Prælegebatur Rhasis, & præsertim nonus ipsius ad Almansorem liber, in quo absoluta curandorum omnium morborum ratio proponi ferebatur. *Janus Cornarius, in præfat. Paulo Æginetæ præfixâ.*

While medicine was in the hands of the Arabians, and their ſectaries; that is to ſay, from the year 800 to 1500, which makes the term of the ſecond *epocha*; they continued to hold fundamentally the ſyſtem of Galen; but made very little uſe of it in practice. In the writings of that period, they treated ſlightly of the nature, character, and differences of diſeaſes; and only glanced at them; but they noted particularly the indications; or, as they called them then, the intentions, *intentiones & ingenia*, that were to be propoſed for their cure; and they inlarged greatly on the means of effecting them. The Arabians added to the ſimple remedies known to the Greeks, and their pharmacy, a great number that were new and peculiar to themſelves: becauſe they grew in their country, or were ſupplied to them by the commerce they had with the Eaſt-Indies: ſeveral of which are yet in uſe among us.

However great might be the number of theſe remedies, medicine would not have been yet overloaded, if phyſicians had not given into the practice of combining them together in a thouſand manners, and of making a prodigious number of different compoſitions of them. There had otherwiſe never been ſeen ſo great a number of electaries, lohocs, pills, *ſief*, or dry *collyriums*, ſyrups, troches, *tryphenæ*, *philoniums*, *hiera*, robs, &c. In ſhort, *polypharmacy* would never have been carried to ſuch an exceſs.

But while they ſtretched the ſtudy of this part of medicine beyond all reaſonable bounds, they neglected two others, which are the moſt ſolid foundations of it: botany; and more eſpecially anatomy. I can ſcarcely imagine, what could with-hold the Arabians from the ſtudy of botany; which the Greeks, whoſe example they followed, had cultivated. But as to anatomy, I conceive that the law of Mahomet, which forbid, as a pollution, the touching dead bodies, might prevent their concerning themſelves with it. What affords moſt ſurprize, is, how they inſpired their ſucceſſors, the Chriſtians, with the ſame neglect;

who were not reſtrained, like them, by motives of religion. It appears, nevertheleſs, that diſſections of human bodies were begun to be made at Montpelier, in the year 1376, by the permiſſion which Lewis of France, duke of Anjou, governor of Languedoc, and regent of this city, gave, to take the bodies of thoſe, who were executed; which was confirmed, in 1396, by Charles the Fifth, king of France.

The reaſon, which prevented the Arabians from applying to anatomy, prevented them alſo from opening the bodies of diſeaſed perſons, when dead, in order to diſcover the cauſe of their diſtempers. There are not found in their works, any obſervations of this kind. They are even not common in the books of phyſicians, who live in our times; and I do not remember to have found them any where, but in the works of Bernard Gordon, and of Valeſcus de Taranta, profeſſors of Montpelier, who have reported ſome.

Anatomy, which the Arabians had neglected, was replaced by a new ſcience, unknown to the Greeks, which they had cultivated, I mean chemiſtry; of which the honour is due to them, from us; though there is ſome appearance, that they received it from the Ægyptians, who had always applied to it. There are found, in the works of the Arabian phyſicians, traces of this ſcience, which leave no room to doubt, but they were poſſeſſed of it. It is certain, at leaſt, that in Europe, their ſectaries practiſed it with ſucceſs; and whoever reads Arnold de Villeneuve, or Raymond Lully, who were great proficients in it, muſt be convinced of this fact.

The Arabians were very much prepoſſeſt in favour of aſtronomy: and introduced it into the practice of medicine. It was neceſſary, on every occaſion, to conſult the aſpects, or the conjunctions of the planets; and to obſerve certain conſequences, that were deduced from thoſe obſervations. From whence proceeded the deſtination of lucky, and unlucky days; and particularly the catalogue of the *Ægyptian* days.

The

The ſame prejudice ſubſiſted a long time among us. It was always obſerved, to note, in the Almanacs, the days which were proper to be choſen for purging, and bleeding; and the phyſicians themſelves placed a confidence in them; or, at leaſt, durſt not oppoſe the notion.

The prejudice went ſtill further: and they were infatuated with relation to the virtues of taliſmans, made of ſuch and ſuch ſubſtances, under ſuch and ſuch conſtellations, with certain abjurations, marked by certain figures, in certain characters. They believed this furniſhed them with the means of preſerving their health; of curing the diſorders incident to them; and even of procuring a happy ſtate of their affairs. I could cite a great number of inſtances of this: but I will confine myſelf to referring to the treatiſes of Arnold de Villeneuve, *De Sigillis*, and *De Phyſicis ligaturis*; and to relating the two following facts. Gerſon, chancellor of the univerſity of Paris, ſpeaks, in one of his letters [1] of a man, named James Angely, a phyſician, ſays he, *inſignis villæ Montiſpeſſulani*; and blames him for being ſuperſtitiouſly bigotted to the obſervation of certain days, *de obſervatione dierum, quantum ad opera*. He cenſures in like manner, in another [2] letter, another phyſician of the ſame body; who, for the diſorders of the kidneys, made his patients wear a taliſman, on which was ingraved a lion with ſome characters.

There appeared, in this *epocha*, two new diſeaſes, unknown to the Greeks, and Romans, which gave great employment to the phyſicians; and which became as two new branches of practice.

The firſt is the ſmall-pox. It was endeavoured to be proved, that the Greek phyſicians knew it; and, in that view, ſome paſſages taken from their works were perverted: but the illuſion did not laſt a long time; nor was never general. At preſent, all the world agrees, that this diſeaſe, peculiar to the Arabians, had remained concealed with them, ſo long as

[1] *Tom. I. editionis poſtremæ Antuerpianæ.* [2] *Tomo eodem, ad ann.* 1428.

they remained themſelves within the limits of their own country: but that they ſpread it with their conqueſts in Aſia, about the ſeventh century, when they invaded Syria, Egypt, Perſia, and a part of Aſia Minor; and into Europe, in the eighth century, when they became maſters of Sicily, and of a part of the kingdom of Naples, as well as Spain, and a part of the province of Narbonne.

It is, therefore, from the Arabians, or Saracens, we received the ſmall-pox; and we have, in our turn, carried it into nations to which it was before unknown. The Spaniards [1] into Mexico: the Engliſh [2] into Maryland: and the Dutch into the iſlands of the Eaſt-Indies; where, as is ſaid, it makes great havock.

The other is the leproſy, or the *elephantiaſis Arabum*, always common in Ægypt, Syria, and the neighbouring countries. It is the ſame, which Pompey's army caught, and brought into Italy; where it ſoon ceaſed: as we have ſeen above, in ſpeaking of the firſt *epocha*. It is the ſame alſo with which the French were infected in the cruſades of the eleventh and twelfth centuries, from whence they conveyed it to France, and the reſt of Europe, where it laſted 500 years; and where it has been again extinct a long time ago.

What we have ſaid of the different conſequences, which the ſmall-pox, and leproſy, have had with us, ſhows, that there happens to diſeaſes brought from other countries to us, the ſame as happens to animals, and trees, which are tranſplanted from diſtant parts. Turkeys are naturalized in Europe, as common fowls: whereas parrots periſh here. The ſame holds good, with reſpect to the Indian cheſnut-trees which are propagated here as natural; while the palms, dates, and piſtachios, cannot be continued, whatever care be taken of them: from whence it may be concluded,

[1] *Bernard Diaz de Caſtillo*, Cap. 221.
Franciſco Lopez de Gomara, Cap. 102.
Antonio de Herrera. Decad. II. Libr. X. Cap. 4.

[2] *Martinus Liſter*, *Exercitatione VIII.* De Variolis, pag. 153.

that

that among animals, trees, and poiſons, which come to us from foreign countries, ſome are eaſily habituated to our climate, and others cannot at all.

Ann. Dom. 1000.] AVICENNA, a Mahometan phyſician, whoſe true name was *Abuhali*, *Alhouſſain*, *Ebenhali*, *Ebenſina*; that is to ſay, Houſſain, father of Hali, ſon of Hali, ſon of Sina. From this laſt word, *Ebenſina*, we have made the name *Avicenna*, by which this phyſician is known with us.

He was born in Perſia, at Bochara, in the province of Tranſoxana, in the year of the Hegira 370; which correſponds with the year 980 of the Chriſtian æra; and died the year of the Hegira 428; which correſponds with *anno Dom.* 1038. He lived, therefore, only 58 years, which is imputed to the debaucheries, to which he abandoned himſelf.

This phyſician, though he lived but a ſhort time, wrote much. We have two volumes in folio of his works, which were printed at Venice, for the Junteſes, in 1595; and of which a part had before appeared at Venice, in 1500, in quarto.

The principal work of Avicenna is intitled, *Canon Medicinæ*; that is to ſay, the Rules of Medicine. It is divided into five books; which contain an intire courſe of medicine: and he ſpeaks, in it, of ſeveral diſeaſes of women. In the third book, the *Fen*, or ſection the 12th, contains three treatiſes, of which the two firſt ſpeak only of what regards conception, pregnancy, and delivery: and the third comprehends the reſt of the diſeaſes peculiar to women.

It appears to me, that Avicenna followed the greateſt part of the other Arabian phyſicians: but it is impoſſible for me to ſpeak with a poſitive knowledge: becauſe the verſion of Avicenna, which I have, though done by Gerard of Cremona; corrected by Andrew Alpagus; reviewed by John Coſtæus, and John-Paul Mongius; and publiſhed by Fabius-Paulinus d'Udina; is ſo bad, and ſo full of unintelligible places, with ſo many hiatuſſes, and Arabic words, that it cannot be underſtood.

Ann. Dom. 1060.] JOHN SERAPION, an Arabian phyſician, otherwiſe little known, but believed to have lived in the eleventh century, about the year 1060, or 1070.

There are extant two of his works: the one intitled,

De Simplici Medicinâ, tranſlated into Latin by Simon Januenſi, from a verſion done by a Jew of Tortoſa, from the Arabic.

The other is intitled,

Practica Johannis Serapiones, dicta *Breviarium*; tranſlated into Latin from the Arabic by Gerard de Cremona.

Theſe two volumes were printed together in folio, at Venice, *per Bonetum Locatellum Bergomenſem*, 17 *Calendas Januarias* 1497.

In this laſt work, which treats of all the diſeaſes of the body, in ſeven tracts, Serapion makes mention of the diſeaſes of women, in the fourth tract, in the ten laſt chapters; and what he ſays, is intirely of the ſame purport with what is found in the other Arabian writers. It may be eaſily conceived, that theſe ten chapters cannot comprize all the diſeaſes of women.

Ann. Dom. 1066.] HALY ABBAS, or, as he calls himſelf in Chapter III. of the work, we are going to ſpeak of, Haly, the ſon of Abbas; and the diſciple of Abimeher, the ſon of Moſes, lived in the eleventh century; and compoſed, in Arabic, a book intitled,

Regalia diſpoſitio: which is, in reality, only a treatiſe on diſeaſes, divided into two parts: the one theoretic; which contains ten books; and the other practical; which contains the ſame number.

He treats of the diſeaſes of women; or, to ſpeak more properly, of ſome diſeaſes of women; in the firſt part, in Book IX, *chapters* 38 and 39: and, in the ſecond part, in Book VIII, for twenty ſucceſſive chapters: but all he ſays, in both places, is confined to ſome recipes, which are long ſince out of uſe.

This work of Haly Abbas was tranſlated into Latin, in 1127, by a perſon called Etienne; as appears from what is ſaid at the end of the book: and his tranſla-

tion

tion was corrected by a doctor of phyſic, called Antony Vital. This tranſlation was printed, in quarto, at Lyons, for James Myt, in 1523.

Ann. Dom. 1070.] ABUBETER RHAZES, an Arabian phyſician, who is believed to have lived about the year 1070. Among ſeveral other works, which he compoſed in medicine, the moſt known are, the ten books dedicated to Almanſor, king of Cordova; and particularly the eleventh; which contains a *compendium* of the diſeaſes of the whole body; and upon which there has been a great number of commentators.

There is, in this book, an intire ſection on the diſeaſes of women, which contains eleven chapters: but notwithſtanding the reputation, which this work had for a long time, there is nothing in it, which merits obſervation: except that he often quotes Avicenna, which proves, he lived after that phyſician.

This work of Rhazes, joined to another treatiſe, which I believe to be compoſed by the editor, under the title of *Libellus familiarium introductionum in artem parvam Galeni*, was printed, in folio, at the Hague, under the direction of George Kraut, doctor of phyſic.

Ann. Dom. 1070.] CONSTANTINE, a Chriſtian phyſician at Carthage, although this city was under the dominion of the Saracens, underſtood the Arabic, Greek, and Latin languages; and made ſeveral tranſlations of different works of Arabic phyſicians. He retired at laſt into the Pouille, a part of Naples, near Robert Guiſcart, duke of that province; and became a monk at Monte Caſſine. The connections he had with duke Robert, who lived in 1060; with Didier, abbot of Monte Caſſine, who was pope under the name of Victor III; and who died in 1087; and with Alfanus, who was the firſt archbiſhop of Salerno, in 1070, and to whom he dedicated his treatiſe *De ſtomachi affectionibus*; leave no room to doubt, he lived in 1060, 1070, or 1080.

There is a collection made of ſeveral of his works, that was printed at Baſil, 1536: in which is a little treatiſe, *De Paſſionibus Mulierum, & Matricis*; but this

this treatiſe, which is, in all, only three pages, contains nothing worthy of notice.

Ann. Dom. 1085.] ALBUCASIS, a Mahometan phyſician, whoſe Arabian name is *Aboul-Caſem*, lived about the year 1085. He left, beſides ſeveral other works, which are not come down to us, a treatiſe of ſurgery, intitled,

Manualis Medicina, printed *cum Chirurgicâ Guidonis* de Cauliaco. Venetiis, 1500, in folio.

This work of Albucaſis has been tranſlated, from the Arabic into Latin, by Gerard de Cremona; who aſſerts, that it is only the thirtieth part of a larger work, compoſed by Albucaſis, under the title of *Azaragi*.

However that may be, the book of Albucaſis, of which we are ſpeaking, is divided into three parts. In the ſecond part, from the LXXIſt to the LXXVIIIth chapter, he treats of the diſeaſes of women, where ſurgery muſt be called in aid; as in deliveries; the extraction of a dead *fœtus*, or *placenta*; cancers, and abſceſſes of the *uterus*, &c. Theſe eight chapters have been inſerted in the collections of Wolphius and Spachius.

Ann. Dom. 1100.] AVENZOAR, in Arabic [1] *Aben Zohr Alandalauſi*, ſon of Zohr, the Andaluſian, a celebrated phyſician, born in Andaluſia, was a Jew by religion. Averroes [2] quotes, and praiſes him; and pretends, that he lived 135 years. There is no obligation to believe this: but it muſt, however, be inferred, that Avenzoar lived before him; and, conſequently, in the beginning of the 12th century.

We have only one work of Avenzoar, under the title of Thaiſir, or Theiſir; of which this is the title in Arabic.

Liber Theiſir dahelmodana vahelſabir: that is to ſay, *Rectificatio medicationis & regiminis.* Venetiis, 1496, in folio.

[1] D'Herbelot, *Bibliotheq. Oriental. au mot* Zohr.

[2] *Libr. IV. Colliget. Capitulo de diebus criticis.*

This

This work, which treats of all diſeaſes, is divided into XXVI tracts. In the XXIſt he ſpeaks, *de paſſionibus matricis*, in ſeven very ſhort chapters; of which, I believe, it may not be improper to give the titles.

I. *De matrice & defectu conceptionis.*
II. *De apoſtematibus matricis.*
III. *De corroſione matricis.*
IV. *De laxitudine & diſlocatione matricis.*
V. *De ſuperfluitate fluxûs menſtrui.*
VI. *De retentione ſuperfluâ menſtruorum.*
VII. *De opilatione & plenitudine carnis, & ſciſſurâ in ore matricis.*

Ann. Dom. 1170.] AVERROES, in Arabic, *Eben Rhoſch*, a Mahometan phyſician, who lived at Cordova, about the year 1170, has left ſeveral works of medicine: among which, one of the moſt celebrated is, that known by the name of *Colliget*, printed at Venice with the works of Abhomeron Aben Zoar, *apud Gregorium, de Gregoriis*, 1496, in folio; and, ſince that time, in ſeveral other places, in various forms.

This *Colliget* is a very ſhort *compendium* of all diſeaſes, divided into VII books. In the IIId, Averroes ſpeaks, in Chapter XXIX. of the diſeaſes of the *uterus*; and again, in Chapter IX. of Book IV: but what he ſays is ſo trivial, that this work does not merit to be put in the number of treatiſes on the diſeaſes of women.

Ann. Dom. 1250.] NICOLAS BERTRUTIUS, of Bologna in Italy, lived, as is believed, in 1250. He left a work in medicine, intitled,

Collectorium artis medicæ tàm practicæ, quàm ſpeculativæ. Lugduni, 1509, in 4to.

This work has been reprinted ſince under different titles. It is divided into two books: the firſt, of particular diſeaſes; and the ſecond, of general diſeaſes. The firſt book is ſubdivided into four ſections.

In the third, the author treats of ſome diſeaſes of women; of which he relates, in brief, the cauſes and ſymptoms,

ſymptoms, without adding any thing relative to the method of cure. The phyſician, who has given an edition of this book, printed at the Hague, in 1533, being willing to recommend the work he publiſhed, ſays, in an advertiſement which he prefixed at the beginning of the edition, that this treatiſe is the abridgment of the third and fourth book of the Canon of Avicenna; which is, however, no great praiſe in our time.

Ann. Dom. 1250.] TROTULA. There is, under this name, a treatiſe of the diſeaſes of women, intitled,

Gynæciorum liber, curandarum ægritudinum in, ante, & poſt partum.

This little work, which contains 63 ſhort chapters, was printed at Straſburg, in 1544, under the direction of George Kraut; and ſince, at Paris, in 1550. It has been inſerted, alſo, in the two collections of authors, who have written on this ſubject.

This book, although of very little importance, has, however, given occaſion to ſeveral diſputes. Some aſcribing it to one Eros, a phyſician, emancipated by Julia, the daughter of Auguſtus; of whom nothing elſe is known: and others regarding it as the work of a midwife of Salerno, called Trotula.

But this diſpute does not appear difficult to be decided. It is to Trotula this work is attributed in the firſt edition; which was made at Straſburg, conformably to the manuſcript; from which it has been printed: and Trotula is there named in chapter 20, on occaſion of the cure of a patient, that had been put under her care. It muſt be, therefore, this Trotula who compoſed the work. Moreover, why ſhould be aſcribed to a pretended Eros, the phyſician of Julia, a book, in which the Saracens are mentioned, chap. 61; in which, in the ſame chapter, coſmetic remedies are ſpoken of, which were uſed by the women of Salerno: in which there is quoted, in the 17th chapter, Cophon, a modern; and in which, to conclude, camphor is ordered in chapter 61; though this drug was not known in the time of Auguſtus.

It

It is believed, that this book ought to be dated in the year 1250; becauſe it was ſcarcely till about that time there could be any Saracen women, who practiſed phyſic in Salerno; as Trotula ſays, chapter 61. As Cophon is quoted in chapter 17, the time when Trotula lived might be fixed with more preciſion, if it were determined when he lived: but that phyſician is ſcarcely better known than Trotula. We have two little works by him, printed at the end of Meſue, at Lyons, in 1539. The one intitled, *Modus medendi*; and the other, which is ſhorter, *De anatomiâ porci*. I have taken the trouble to read both: but all that I have collected, is, that he quotes *Paſſionarium Galeni*; that is to ſay, *Gariopontus*, and *Conſtantine*, who were both of the year 1000: which, without determining more, proves he lived after that time.

Ann. Dom. 1290.] HENRY of Saxony, *Henricus de Saxonia*, a diſciple of Albert the Great, lived, conſequently, in the thirteenth century.

The following two treatiſes are aſcribed to him.

De Secretis Mulierum. Auguſtæ, 1489, in 8vo.

De Secretis Naturæ. Francofurti, 1615, in 8vo.

Theſe two treatiſes are on the diſeaſes of women, conception, pregnancy, delivery, and the conſequences of delivery: but they contain ſo many falſe and ſuperſtitious matters; and the little truth intermixt, is ſo ill explained, and ſo negligently treated, that they do not merit to be read.

Both theſe treatiſes have been given to Albert the Great, a religious Dominican, and biſhop of Ratiſbon, eſteemed a man of learning of the firſt rank, in the thirteenth century. Peter de Pruſſe, a monk of the Dominican order, endeavours, in the life of Albert, to free him from the diſreputation of being the author of ſuch a work: and he attributes it to Thomas de Cantipré. I do not know what reaſon he had; but I find that both of them are given to Henry de Saxonia, the diſciple of Albert, in all the editions which I have ſeen.

[1] In vitâ Alberti Magnini, *Cap. XVII.* Ann.

Ann. Dom. 1305.] BERNARD GORDON, a celebrated profeſſor of the faculty of medicine at Montpelier, begun to teach in 1285. Ten or eleven years after; that is to ſay, in 1296; he read there a treatiſe on the *therapeutic*, intitled, *De decem ingeniis ſeu indicationibus curandorum morborum:* and nine years after, being the twentieth year of his profeſſorſhip, he read there, in 1305, a more conſiderable treatiſe, intitled, *Lilium medicinæ*; which is a general courſe of the diſeaſes of the human body. They were fond, at that time, of giving pompous titles to works: as of *Flos florum*; *Lumen luminum*, *Roſarium philoſophorum*, &c. and it is not ſurprizing, that Gordon has followed this bad cuſtom. It is diverting to hear the reaſon, which determined him to give this title to his book. *Hunc librum*, ſays he, *intitulo* Lilium medicinæ. *In Lilio enim ſunt multi flores, & in quolibet flore ſunt ſeptem folia candida & ſeptem grana quaſi aurea. Similiter liber iſte continet ſeptem partes, quarum prima erit aurea rutilans & clara . . . . aliæ autem ſex partes erunt candidæ.*

In the ſeventh book of this work, Gordon ſpeaks of the diſeaſes of women, from Chap. VIII. to Chap. XVIII. He follows every where the methods of the Arabians, who were his guides: but he is more clear, and more methodical; and ſometimes he confirms what he ſays by obſervations.

The firſt edition of this work was printed at Venice, in 1494, in folio.

Ann. Dom. 1350.] JOHN PLATEARIUS, a phyſician of Salerno, who lived in the fourteenth century, compoſed two different treatiſes: the one intitled,

Liber de ſimplici medicinâ, dictus Circa inſtans, which compriſes the *materia medica:*

The other intitled,

Practica brevis morborum curandorum, in which all the diſeaſes of the body are treated of.

In this laſt work, the author ſpeaks of the diſeaſes of women; and according to the methods of the Arabians.

Theſe

These two works of Platearius were printed with those of Serapion at Venice, in folio, 1497.

Ann. Dom. 1418.] VALESCUS DE TARANTA of Portugal. He begun to practise physic at Montpelier, in the year 1382: and, thirty years after, he wrote there, 1412, a great collection of practice, under the title of *Philonium*.

This work is divided into seven books: and it is worth while to hear the reasons, which induced Valescus to make this division, *Rationabile mihi visum est*, says he, *hunc librum in septem particulas esse partiendum* .... 1°. *Enim sunt septem verba, quæ Dominus noster Jesus Christus Salvator noster in cruce pendens locutus fuit*; *septem sunt dona sancti Spiritûs*; *septem sunt gaudia Virginis glorioſæ*; *septem ſacramenta Eccleſiæ*; *ſeptem petitiones Dominicâ oratione*; *ſeptem ſunt virtutes*, &c.

In the sixteenth book of this work, the author takes up twelve chapters in treating of the greatest part of the diseases of women. The stile is barbarous: but the practice of physic is better treated of than it had been by the Arabians, or their followers. There are found, in this book, some observations, as well as in that of Gordon, which are not to be met with in the other authors of that time.

The first edition of the *Philonium* was printed at Lyons, in 1490, in folio.

Ann. Dom. 1440.] MARK GATINARIA, a physician of Pavia, in the fifteenth century, is only known from a course of medicine; or, to speak more properly, from a commentary on the ninth book of Rhasis to Almansor, printed at Lyons in 1506, in quarto; and in octavo, at Paris, in 1540, under the title of

Marci Gatinariæ de curis ægritudinum particularium, Noni Almanzoris Practica uberrima.

There are, in this treatise, six chapters, in which he speaks of the diseases peculiar to women; of which he gives the method of cure by instances; *cura exitûs matricis*, *cura ſuperflui fluxûs menſtruorum*, *cura retentionis menſtruorum*, *cura præfocationis matricis*, *cura rhagadiarum vulvæ & ejus apoſtematis*, *cura molæ matricis*.

There

There is not any theory in these chapters; but only methods of cure; or, to speak more properly, a collection of different recipes, in the manner of the Arabians; and, for the greatest part, taken from them. For he quotes them in every page. He cites, also, some physicians more antient than himself; as John Arculanus, Gerard de Solo, professor at Montpelier, Matthew de Gradibus, and several others.

Ann. Dom. 1440.] ANTHONY GUAINIER, professor at Pavia, practised physic at Milan: where he appears to have been one of the physicians of duke Philip-Maria Visconti.

He composed a course of medicine, printed under this title,

Practica celeberrima Viri Antonii Guainerii, Papiensis Medicinæ Doctoris clarissimi, printed at Pavia, in 1518, in quarto; and afterwards at Lyons, in quarto also, in 1525.

In this work, there is a considerably long treatise, intitled, *De ægritudinibus matricis*; which contains twenty-seven chapters. It is dedicated *Philippo-Mariæ, Mediolani ac totius Liguriæ Duci:* to Philip-Maria, duke of Milan, and all Liguria; that is to say of all the state of Genoa; of which this duke of Milan was sovereign.

This dedication can only be understood to be to Philip-Maria, second son of John Galeas Visconti I. Therefore, as he only died in 1447, it results, that this treatise, which is dedicated to him, must be prior to that year. The duke had no legitimate children, but was greatly desirous to have some; and had, upon that account, been married only a short time before: as appears by what Guainerius says of him in his dedication; *Dii boni! quanta voluptas populos tuos Italiæ invaderet, si eam audierint ex duce clarissimo natam, duci magnanimo copulatam, filium parenti & viro persimilem enixam.*

The treatise which Guainerius dedicated to his sovereign, appears to have been composed with the design of facilitating this happy event. For it turns

intirely

intirely on conception, pregnancy, and delivery: and he expatiates very largely on the difficulties, which may hinder conception; and on the means of removing them: but what he ſays on that head is nevertheleſs trivial. This treatiſe has, however, been commented on by John Faucon, a learned profeſſor of the faculty of Montpelier, as well as the reſt of the work of Guainerius.

Ann. Dom. 1456.] ANTHONY CERMESONUS, born at Padua, filled one of the higheſt offices in the univerſity of that city; and was the maſter of John Michael Savonarole. It it is believed, he died in 1458.

He left a book of medicinal inſtructions concerning almoſt all diſeaſes, to the number of 153, printed firſt at Venice in 1503, in folio; and ſince in ſeveral other places; almoſt always joined to medicinal inſtructions by Bartholomew Montagnana, profeſſor at Bologna.

Amongſt the inſtructions of Cermeſonus, there are twenty-two heads, which relate to the diſeaſes of women, from the 112th to the 133d. They are however nothing more than a collection of recipes ill digeſted; and afford an inſtance to what lengths the *polypharmacy* of the Arabians, and their followers, was carried.

Ann. Dom. 1486.] JOHN MICHAEL SAVONAROLE, a phyſician and profeſſor at Padua, has left a medicinal work, printed at Pavia, in folio, in 1486; and ſince reprinted in ſeveral places; which was divided into ſix books, or treatiſes. The five firſt are on the quality and nature of different kinds of food; or on the *materia medica*.

In the ſixth, particular diſeaſes are begun to be ſpoken of with order; and in the twenty-fourth chapter, thoſe of the *uterus* are treated of in twenty-four rubrics; that is to ſay, twenty-four paragraphs. What is ſaid regards rather conception, pregnancy, and delivery, than the common diſeaſes of the *uterus*.

Ann. Dom. 1490.] GALEAS DE SANCTA SOPHIA, a native of Padua, and a celebrated phyſician in 1490, is only known by a commentary, which he made on the IXth book of Rhaſis to Almanſor. This com-

mentary is in the edition of Rhasis, published by the procurement of George Kraut, doctor of physic, who has been mentioned above, in the article of Rhazes, page 331 ; and it is disposed into articles, at the end of each chapter.

Ann. Dom. 1500.] ALEXANDER BENOIT, of Verona, passed in his youth [1] into Greece ; and into the island of Candia [2], where he practised physic a long time, principally at Modon in the Morea, and at Cannæ. On his return from this voyage, he fixed himself at Venice, in 1495 ; at which time, engaged by the rewards [3] which were proposed to him, he accepted the office of physician to the Venetian army, that was designed to oppose Charles VIII, king of France, and was beat at Fornoua, in 1495. It appears, by a letter written to Benoit himself [4], that he was living in 1508 ; and it may be even proved [5], that he was still alive in 1511, by a passage in his works, where he speaks of an earthquake, which happened the same year in Italy.

The principal work of this author, is a course of medicine, intitled,

Omnium à vertice ad calcem morborum signa, causæ, indicationes & remediorum compositiones, utendique rationes generatim libris XXX conscripta.

These thirty books are all dedicated to the emperor Maximilian I ; and, consequently, were composed before 1519 : since that emperor died the same year.

Among these thirty books, there are three of them which treat of the diseases of women : the XXVth, XXVIth, and XXVIIth. In the first, there are thirty-nine of the chapters, which treat of nothing but the diseases, that relate to conception, pregnancy, and delivery : but in the two others, a very particular disquisition is entered into, of all the other diseases of women ; of

[1] Medicin. *Libr. I. Cap.* 2. *Libr. XXVI. Cap.* 4.

[2] Anatomices. *Libr. I. Cap.* 14. *Libr. III. Cap.* 9.

[3] Chiocus. *De illustribus Veronensibus.*

[4] Par *Jacques Antiquarius*. Elle est à la tête du Livre.

[5] Medicin. *Libr. XXIII. Cap.* 29.

all

all the irregularities of the *menſes*; of the hyſteric paſſion; and of the inflammation, abſceſſes, ulcers, and cancers, of the *uterus*. But there is no mention made of the *furor uterinus*.

This author appears extremely well informed of the doctrine of the Greek phyſicians, and authors: and there is found in every chapter the real ſubſtance of what Galen, Paulus Eginetus, Oribaſus, Empedocles, and Atheneus, have ſaid on different ſubjects, in ſuch manner, that this work may paſs for an abridgment of the Greek phyſicians.

THIRD EPOCHA.

THE revival of letters, which happened at the end of the fifteenth century, or at the beginning of the following, gave a new form to medicine. Conſtantinople was taken by the Turks, in 1453; and the empire of the Eaſt deſtroyed. The men of letters, who could ſave themſelves, took refuge in Italy, and France: whither they carried their ſciences, and their books. An emulative application was then made to the ſtudy of the Greek, and of the authors who had written in that language: and this ardour extended itſelf even to the Latin languages, and authors: which had been neglected before; and which were now begun to be ſtudied with good effect.

This ſoon put the phyſicians in a condition to make a conſiderable progreſs in their own ſcience. Thoſe, who learnt Greek, peruſed the works of Hippocrates, Galen, and the other Greek phyſicians in that language; and made tranſlations of them for thoſe, who could not read the originals. By this means, every body ſtudied the books of thoſe phyſicians; and printing, the art of which was diſcovered ſome time before, rendered them common. The merit of them was eaſily diſtinguiſhed: and there was no heſitation made to prefer the doc-

trines found in them to thoſe of the Arabians; and particularly, the method and good ſenſe with which they were delivered, to the confuſion and barrenneſs of the works of the others. The whole attention was therefore turned to reading and interpreting Hippocrates and Galen; and Avicenna and Rhaſis, whoſe authority had continued too long, were now neglected.

Particular application was made with great earneſtneſs to ſtudy Galen; clear up his difficulties; reconcile his contradictions; extend his conſequences, and add ſtrength to his weak places. In ſhort, nothing was neglected to give ſolid body to a fantom; and it would have been performed, if it had been poſſible. It is not, perhaps, an exaggeration to ſay, they underſtood Galen, at that time, better than Galen even underſtood himſelf.

The Grecian art of medicine was then reſtored; and though the term of this *epocha* was not long, yet it afforded a great number of learned authors, and well compoſed books. A body of medicine was then formed, that was complete, uniform, connected in all its parts; and in which, the fundamental points, which the Greeks had taught, and the Arabians themſelves had not laid aſide, were examined, explained, and confirmed. The nature, kinds, cauſes, and differences, of each diſeaſe, were more accurately diſtinguiſhed: the ſymptoms, that might be ſubſervient to the predicting them, were noted with more care; as well as the prognoſtic that might be made on them; and laſtly, the intentions of cure, that ariſe in the treatment of them, which it is neceſſary to effect for the cure, were better determined.

As the fugitive Greeks retired firſt into Italy, it was conſequently firſt there, that letters begun to flouriſh. The protection, which Francis the Firſt, the father of learning, gave to learned men, and the endeavours which he made to allure them into his kingdom, by benefactions, procured, in a ſhort time, to his ſubjects, the happineſs of ſharing the ſame advantages. But the Italians got the ſtart: and from thence

thence proceeded, the reputation which the univerſities of Italy, and chiefly that of Padua, had in the ſixteenth century in all ſciences, as well as medicine.

We have already mentioned, that this *epocha* was not long. It reached down only to the middle of the ſeventeenth century, when the diſcovery of the circulation of the blood, and the introduction of a new philoſophy, produced a conſiderable revolution in medicine; as we ſhall ſee below.

In this *epocha*, the attachment to the ſtudy of pharmacy continued: but with leſs exceſs, than among the Arabians. The *polypharmacy* was greatly retrenched, but within ſuch limits, as ſtill left medicine overloaded with a great number of uſeleſs, inefficacious, and ſuperſtitious remedies.

Botany was ſtudied with more earneſtneſs, than with the Arabians: and we owe to this *epocha*, Tragus, Cluſius, the two Bauhins, and a great number of other able botaniſts, who have reduced to order the chaos of this ſcience: and who laboured with ſucceſs to diſcover, and diſtinguiſh the plants, of which the antients had made uſe.

Application was, alſo, made to chemiſtry, of which it appears, the knowledge was derived from the Arabians; and poſſibly this application was in too great a degree. Paracelſus, who was, in fact, very ignorant in medicine, but furniſhed with ſome chemical remedies, which he had the art of recommending, acquired a great reputation; and made a new ſect in medicine, devoid of reaſon; but which, however, ſupported itſelf a long time; and brought a diſgrace on the true art.

Anatomy was now better cultivated, than it had hitherto been. There may be reckoned in this *epocha*, a great number of celebrated anatomiſts: Sylvius, Veſalus, Columbus, Valverda, Fallopius, Euſtachius, Adrian Spigelius, Andrew du Laurent, Jerom Fabricius de Aquapendente, Gaſpar Aſellius, &c.: who have very much inlarged the bounds of this ſcience, and made important diſcoveries: but ſeem rather to have confined themſelves to deſcribing the bones, muſcles,

and veſſels, than to have made reſearches into the ſtructure of the *viſcera*; which conſtitutes, nevertheleſs, the part of anatomy moſt eſſential to medicine.

In proportion as a progreſs was made in anatomy, the opening the bodies of diſeaſed perſons after their death, and the obſervations, which were made in conſequence of it, became more frequent. There might be collected, of thoſe which were furniſhed in this *epocha*, ſhort as it was, a great number: of which ſeveral have been very uſeful in fixing the true ſeat, and the real cauſe of ſome diſeaſes.

In this *epocha*, the ſame infatuation, with reſpect to judicial aſtrology, did not prevail, as in the preceding: but there was yet ſtrong remains of it. This folly had ſpread its roots too deeply in the minds of many, and had the authority of too great ſuffrages to be eaſily [1] extirpated. We may add, that it was too well adapted to weak and credulous minds, which make the greateſt number, ever to afford hopes of curing the public of it.

As to taliſmans, it appears, that they were greatly laid aſide in this *epocha*: and that, if any confidence was ſtill placed in them, it was only among great perſons, of whom the majority are, with reſpect to this matter, more vulgar than the vulgar themſelves. It is to the famous taliſman, of queen [2] Catharine, ſuppoſing it was a taliſman, which appears probable, that I mean to allude.

In this *epocha*, two new diſeaſes appeared, which ſubſiſt yet: the VENEREAL DISEASE, and the SCURVY.

The *venereal diſeaſe* is an exotic diſtemper, which the Spaniards contracted in the iſland of Hairi, or Hiſpaniola, at the end of the fifteenth century; brought with them to the war, in Naples, in 1493; and communicated to the Neapolitans, and French,

[1] It was not yet removed in the beginning of this *epocha*, if we may judge by the following book, *Novæ Medicinæ Methodus curandi morbos ex Mathematicâ Scientiâ deprompta, Joh. Hasfurto Virdungo, Medico & Aſtrologo doctiſſimo Authore.* Hagenoæ, 1533, in quarto.

[2] Mémoires de Trévoux, *Décembre*, 1704.

from

from whence it was tranſmitted to all the other nations of Europe. I will not enumerate the proofs of this here; becauſe I have amply diſplayed them in the treatiſe, *De Morbis Venereis*, *Book I*; whither I think proper to refer thoſe, who may be curious to ſee the particulars.

This diſeaſe was very violent in the beginning; and though it has abated much of its original force, muſt yet be placed among the number of the greateſt evils, that can befall mankind. The phyſicians, who ſaw its firſt riſe, and were aſtoniſhed at it, ſought with emulation for new remedies to overcome it; and at laſt ſucceeded. After many trials and diſputes, they found, that mercury, killed with lard, and employed by friction, was a ſafe and efficacious remedy againſt this diſorder. There is no diſeaſe, in which a greater dependance may be had on the remedy which is uſed, where the ſagacity and prudence of the phyſicians, who have invented and employed it, merit more applauſe; and where the certainty of the medicine is more evident.

As to the *ſcurvy*, it appears, that they formerly had ſome knowledge of it. The *ſtomacace*, and the *ſcelotyrbe*, which the Roman army, commanded by Ælius Gallus, contracted in Arabia, according to what [1] Strabo has ſaid, and the ſame diſeaſes which infeſted, according to [2] Pliny, the army which Germanicus ſent into Germany, over the Rhine, appear to have been the ſcurvy, if we may judge by the deſcription they have given of them. I believe even the great ſpleens, *lienes magni*, or *ileos hæmatites*; the colic, of which Hippocrates ſpeaks [3] in ſeveral places; and the *oſcedo*, againſt which [4] Marcellus propoſes remedies; have been ſcorbutic affections; or ſuch as approach nearly to them. Theſe inſtances prove ſufficiently, that the ſcurvy has appeared formerly on ſome occa-

[1] Geograph. *Lib. VI. circa finem.*
[2] Hiſtor. Natural. *Lib. XV. Cap.* 3.
[3] *Prædictorum, Lib. II. Lib. De internis affectibus.*
[4] De re Medicâ. *Cap. II.*

ſions; but not that it was a common diſeaſe; as it has been now for two hundred and fifty years.

This diſorder has always been, as it is yet, an *endemic* diſeaſe, in the countries bordering on the Germanic ocean, and the Baltic. They call it in their language [1] *ſchorbock*, or *ſchorbuck*; which ſignifies, as they ſay, a diſorder of the belly; becauſe it is a common ſymptom of this diſeaſe; and from them we have taken the name of *ſcurvy*, which we give it. It is believed to be peculiar to theſe countries, on account of the marſhy air which is breathed, and the bad quality of the food, which is eaten there. The reſt of Europe, where the air and diet are better, were exempt from it, till the end of the fifteenth century, and the beginning of the following.

At that time, the long voyages, which the love of riches occaſioned to be made into the Eaſt-Indies, and America, then newly diſcovered, rendered it common: becauſe the crews of the ſhips were attacked with it, on account of the bad air they breathed in the veſſels, particularly betwixt the decks; the bad quality of the food which is often ſpoiled, before they eat it; and the fatigue to which they are expoſed. It is obſerved, that this diſorder is contracted in the ſame manner, and for the ſame reaſons, in cloſe priſons that are foul, where the people are ill fed, and confined for a long time; as well as in hoſpitals, where the patients are kept too cloſe, and badly attended.

In general, the ſcurvy is a diſeaſe of poor people, ill fed and lodged; particularly when they fall into any languiſhing illneſs, which augments ſtill more the poverty of their blood.

There are, however, rich people, who are alſo ſubject to it; for the extremities meet in the ſame point with relation to this matter: but it is from the oppoſite reaſons; that is to ſay, becauſe they eat too much; uſe a diet too ſucculent, and high dreſſed; and take too little exerciſe; which communicates a vicious acrimony to the blood.

[1] *See* Eugalenus, *De Scorbuto.*

It were to be wiſhed, that we had a remedy as ſafe and efficacious againſt the ſcurvy, as againſt the venereal diſeaſe. But we have, however, ſuch as will cure it effectually, provided it be not ſuffered to run to the laſt extremity, and that a long perſeverance be had in the uſe of the proper means.

I am not of opinion, that we ſhould include among the new diſeaſes of this *epocha*, the purple fever, called by the Italians the *petechiale fever*; becauſe they give the name of *petechie* in their language to the red, or purple ſpots, without elevation, and like the bites of fleas, which appear in this diſeaſe. I am not, however, ignorant, that [1] Alexander Trajan Petronius has fixt the origin of it in the year 1530: and that Jerom Fracaſtorius [2] has pretended, that it did not appear before 1505, or 1508. But whoever is at all converſant with the works of the antients muſt know, that the red or violent-coloured *exanthema*, or effloreſcences, which conſtitute the *petechie* of the Italians, and the purple ſpots of the French, are an antient and common ſymptom of continued fevers, and particularly of ſuch as are malignant, though they do not always accompany them. From whence it may be eaſily judged, that Petronius, and Fracaſtorius, have not meant to ſpeak of a diſeaſe, that is intirely new, but of the return of a fatal accident, which ſometimes attends an antient diſeaſe; and this may be inferred from the expreſſion of Fracaſtorius; who ſays, that theſe fevers had been *majoribus etiam noſtris cognitæ*.

Ann. Dom. 1525.] LEONELLUS FAVENTINUS DE VICTORIIS, or rather *Leonellus de Victoriis, Faventinus*; that is to ſay, of Faventa, profeſſor of phyſic at Bologna, and a celebrated commentator on the IXth book of Rhaſis to Almanſor. It is believed he died [3] in 1530.

[1] *Tractat. de Morbo Gallico, Cap. 6. Lib. VI. Cap. 1.*

[2] *De Morbis Contagioſis, Lib. II.*

[3] *In Epiſtolâ nuncupatoriâ Libro præfixâ.*

Practica

Practica Medicinalis. Lugduni, 1554, in 16°.

At the end of this work, which undertakes to treat of all diseases, in LXXVII chapters, is found the following little treatise;

De matricalibus affectibus compendiolum saluberrimum.

This little treatise contains the six following chapters:

I. *De suppressâ muliebri purgatione.*
II. *De nimiâ expurgatione muliebri.*
III. *De cursu sive fluxu humiditatum albarum, seu de cursu matricis secundùm Avicennam.*
IV. *De præfocatione matricis.*
V. *De apostemate matricis.*
VI. *De præcipitatione seu descensu matricis.*

The author had not had the advantage of reading the Greek physicians. There is nothing found in his works, but the pure doctrines of the Arabians; and the editor, John Kufner, has joined to it some *scholia* of the same cast.

Ann. Dom. 1530.] JASON PRATENSIS, of Zuider-Zee in Zealand, a physician, who lived about the year 1531; and was eminent.

Libri duo de Uteris, in quibus Lector candidus opulentissimam simul ac lautissimam naturalium rerum & historicarum supellectilem inveniet. At Antwerp, 1524, *in* 4°.

Liber de arcendâ sterilitate & progignendis liberis, doctus & elegans. Ibid. 1531, *in* 4°.

Ann. Dom. 1536.] LEWIS BONACIOLUS, a physician at Florence.

There are two treatises of this physician on the diseases of women: the first,

De uteri, partiumque ejus consectione. Ejusdem, *quonam usu in absentibus etiamnùm Venus citetur? Quod, quale, undeque prolificum semen, unde menstrua?* &c. Argentinæ, 1537, *in* 8°.

The other:

De conceptionis indiciis, necnon maris fœmineique partûs significatione. Ejusdem, *quæ utero gravidis accidant & eorum medicinæ, prognostica, causæque efluxionum*

fluxionum & abortuum, & proceriatis improceritatisque partuûm cauſæ. Argentinæ, 1538, *in* 8°.

Ann. Dom. 1540.] DENNIS FONTANON, of Montpelier, profeſſor of phyſic in the faculty of that city, in 1526, and who was yet living in 1644.

Practica Medica, ſive de morborum internorum curatione Libri IV. In lucem dati à Johanne Renerio, qui ſingulis capitum initiis cauſas & ſigna morborum ex veteribus Claſſicis appinxit. Lugduni, *in* 8°, 1550.

In book the third, Fontanon treats of the diſeaſes of women, in fifteen chapters. The theory, and the practice of this author, are not quite ſo much in the caſt of the Arabians, as that of Bernard Gordon, or Valeſcus deTaranta: but they are nevertheleſs much ſo.

Ann. Dom. 1540.] NICHOLAS DES ROCHES, *Nicolaus Rocheus*, a French phyſician.

De morbis mulierum curandis Liber, partim ex veterum Græcorum, Latinorum & Arabum monumentis, partim experientiâ propriâ confectus. Pariſiis, 1542, *in* 12°.

Ann. Dom. 1548.] LEONARD FUCHS, *Leonardus Fuchſius*, a phyſician of eminence, born [1] in 1501, in Weſtphalia, in the higher Bavaria, ſtudied phyſic at Ingolſtad, where he took the degree of doctor, and was profeſſor for ſome time. He was afterwards phyſician to the marquis of Brandenbourg; and, at laſt, in 1535, filled the profeſſor's chair at Tubinguen, in the Virtemberg, where he died in 1566.

This author publiſhed a courſe of phyſic under the following title:

De curandi ratione Libri VIII, cauſarum, ſignorumque catalogum breviter continentes, partim olim conſcripti, & nunc poſtremùm recogniti, multiſque locis aucti. Baſileæ, 1548, *in* 8°.

In book III of this work, Fuchſius treats, in twelve chapters, of ſome diſeaſes of women: as chapter LIII. *De ſuppreſſis menſibus.* LIV. *De redundantibus menſibus.*

[1] Ex oratione funebri Leonharti Fuchſii, *Operib. Fuchſii præfixâ in edit. Francof. ann.* 1604.

LV.

LV. *De fluore muliebri.* LVI. *De uteri ſuffocatione.* LVII. *De uteri procidentiâ.* LVIII. *De molâ.* LIX. *De inflammatione uteri.* LX. *De inflatione uteri.* LXI. *De uteri exulceratione.* LXII. *De phimoſi uteri.* LXIII. *De ſterilitate removendâ.* LXIV. *De difficultate partûs.*

This work is very well written in Latin, and very perſpicuous and methodical: but it contains nothing, but what is common; and is not equal to the treatiſes written on the ſame ſubjects, by other phyſicians, who came after him in this *epocha*.

He declares [1], that he publiſhed it only to baniſh the books of the Arabians, and their followers, out of the hands of German phyſicians, who were infatuated with them: *Nihil*, ſays he, *vel pauci per univerſam noſtram Germaniam reperti ſunt Medici, qui non conſtanter eam quam ab Arabibus ac recentioribus quibuſdam Barbaris certè, & ineptis admodum hominibus præſcripta eſt in curandis morbis rationem ſecuti ſint, ac ita mordicùs etiam tenuerint, ut ne latum quidem unguem ab illâ diſceſſerint.*

Ann. Dom. 1554.] JAMES RUEFF, a ſurgeon at Zurich.

De conceptu & generatione hominis, & iis quæ circa hæc potiſſimùm conſiderantur, Libri IV. Inſertæ quoque ſunt figuræ variæ fœtûs, primò in utero ſiti, deinde in partu, mox etiam matricis & inſtrumentorum ad partum promovendum & extrahendum pertinentium, necnon poſtremò variorum monſtroſorum inſuper. Tiguri, 1554, *in* 4°.

Ann. Dom. 1554.] JAMES DU BOIS, *Jacobus Sylvius*, of Amiens, doctor of phyſic of the faculty of Montpelier, and bachelor of that of Paris, an eminent phyſician, died in 1555, aged 77 years.

Among ſeveral other works, that René Moreau, doctor of phyſic of the faculty of Paris, has collected, in one volume, in folio, in 1630, there is a treatiſe, which had already appeared, under the title of

[1] In epiſtolâ nuncupatoriâ *datâ ad Chriſtophorum Ducem Virtembergenſem.*

De

De menſibus mulierum, & hominis generatione Commentarius. Baſileæ, 1556, in 8°.

Ann. Dom. 1554.] JOHN FERNEL, of Clermont in the Beauvoiſes, near Amiens, was admitted doctor of phyſic in the faculty of Paris, 1528. He practiſed phyſic in that city with great eminence; and compoſed ſeveral works, which have done him honour. He was choſen by Henry II. of France to be his firſt phyſician: and filled that office with reputation. It may be depended upon, that he died in the month of March, 1558, aged 72 years: as G. Plantius ſays in his life: though the regiſter of the faculty, reviſed by Guy Patin, who was of another opinion, gives him only a life of fifty-two years; as well as the epitaph, which the Barjots had put on the tomb of their grandfather, which was compoſed by the ſame Guy Patin.

Fernelius compoſed a particular pathology; and, in the third book of it, where he treats *De morbis partium quæ ſub diaphragmate ſunt*, there are three chapters on the diſeaſes of women:

XV. *Uteri affectus, cauſæ, ſigna & curatio.*

XVI. *Uteri ſymptomata, horumque cauſæ, prognoſtica, curatio.*

XVII. *Sterilitatis cauſæ, prægnantium ſigna, ſymptomata, horumque caſus, indicationes, prognoſtica, curatio.*

In theſe chapters, the diſeaſes of women are explained according to the doctrines received in his time: and, as the chapters are ſhort, the diſeaſes are rather enumerated than explained. The moſt important paſſage is, what he [1] ſays, in ſpeaking of the hyſteric paſſion, and believed on the authority of Galen; that the *uterus* could not change place: but that he had often, in the fits of this diſorder, felt it riſe under his hand, like a ball, up to the ſtomach, and compreſs it. By which it appears, that he miſtook the *globus hyſtericus*, or ball formed by the convulſion of a portion of the inteſtines, ſo common in hyſterical women, for the *uterus*.

[1] *Cap. XVI.*

Ann.

Ann. Dom. 1555.] BALDWIN RONSSEUS, of Gant, a phyſician at Goude.

De hominis primordiis, hyſtericiſque affectibus, & infantilibus aliquot centones. Lovanii, 1559, in 8°.

There was publiſhed, after the death of this author, a collection of ſome of his works; in which is found one on the diſeaſes of women.

Opuſcula Medica. I. Epiſtolæ Medicinales. II. De Morbis Muliebribus. III. De Venatione Medicâ. IV. De Scorbuto. Acceſſerunt quidam aliorum celebrium Medicorum de Scorbuto Tractatus. Lugduni Batavorum, 1618, in 8°.

Ann. Dom. 1555.] JOHN BAPTIST MONTANUS, of Verona, a celebrated profeſſor at Padua.

De uteri affectibus.

This treatiſe is in the ſecond volume of a collection of ſeveral works of Montanus, made under the direction of Jerom Donzellinus, in two volumes, octavo; and printed at Baſil, 1558. This treatiſe had been before printed at Paris, in 16°, in 1556.

The ſame author gives inſtructions alſo, concerning the diſeaſes of women, in a treatiſe, intitled,

Conſultationes de variorum morborum curationibus, augmented by John Craton of Crafftheim, and printed at Baſil, in 1583, in folio.

Ann. Dom. 1558.] PETER DE BAYRO, of Turin, where he taught medicine a long time. He was born about the year 1468, and died in 1555, aged near 90 years.

De Medendis humani corporis morbis Enchiridion, vulgò Veni mecum *dictum, cum adjuncto ejuſdem Tractatu de Peſte.* Lugduni, 1561, in 12°.

This little treatiſe was publiſhed, after the death of the author, by Theodore Zwinger, a phyſician at Baſil. It is a very brief *compendium*, in the manner of the Arabian phyſicians, filled with recipes, that are found in all the Arabian authors of that time; in which little is ſaid on the diſeaſes of women, and nothing but what may be ſeen every where.

Ann.

Ann. Dom. 1560.] VICTOR TRINCAVEL, of Venice, profeſſor at Padua; and ſucceſſor to Montanus, in 1551. He died, aged ſeventy-two, in 1568.

Victoris Trincavelli omnia Opera in duos tomos digeſta. Lugduni, 1586, in folio.

In the firſt volume is found a courſe of medicines, intitled,

Prælectiones de ratione curandi omnes humani corporis affectus, in XII. Libros diſtinctæ.

In the twenty-five firſt chapters of the eleventh book, the greateſt part of the diſeaſes of women are treated of, according to the method of the times of the author.

In the ſecond treatiſe, are three books of conſultations of phyſic; among which, there are three, that relate to the diſeaſes of women; and have been inſerted in the collections of Wolphius, and Spachius.

Ann. Dom. 1560.] WILLIAM RONDELET, born at Montpelier in 1507, ſtudied phyſic in the faculty of the ſame city, where he took the degree of doctor, 1537; was made profeſſor, 1545; and chancellor in 1556. He died at Realmont, in the dioceſe d'Albi, in 1566, aged fifty-nine years.

Beſides ſeveral other works, he left the following treatiſe;

Curandi morbos Methodus, quæ vulgò Practica dicitur, in tres Libros diſtincta. Lugduni, 1583, in 8°; and ſince printed again ſeveral times elſewhere.

In the third book, the author begins to ſpeak of the diſeaſes of women, in the LIXth chapter: and he continues the ſame to the LXXVth. He ſays but little: and if a judgment be made from that, and from his hiſtory of poiſons, it may be eaſily decided, that he was more learned in natural hiſtory, than in medicine.

Lawrence Joubert takes notice, at the end of the life of Rondelet, that this profeſſor had left him four ſmall treatiſes to be printed; of which ſome related to the diſeaſes of women: to wit,

De impedimentis generationis.

De

De affectibus gravidæ, parturientis & puerperæ.
De affectibus infantium & puerorum.
De morbis hæreditariis.

But these treases have not been publiſhed.

Ann. Dom. 1565.] THADDEUS DUNUS, of Locarno, capital of the bailiwick of that name.

Muliebrium morborum omnis generis remedia ex Dioſcoride, Galeno, Plinio, Barbariſque & Arabibus, collecta & diſpoſita. Argentorati, 1565, in 8°.

Anno Dom. 1565.] JOHN WIER, of Graave in the dutchy of Brabant, born in 1515, came to ſtudy medicine at Paris: from whence he went to take his degrees at Orleans [1]. He afterwards went on a voyage to Africa; and into Candia; from whence he did not come back till 1550. At his return [2], William, duke of Cleves, choſe him for his phyſician. He filled this office for thirty-eight years; and died in 1588, aged ſeventy-three years [3].

Obſervationum medicarum rararum Libri II. Baſileæ, apud Oporinum, in 4°, 1567.

In the firſt book, Wier gives ſome obſervations, *De utero clauſo*; *De Hymene*; *De colli matricis phymate, ejuſque curatione*; and *De curatione gangrænæ pudendi*; which merit to be read.

Ann. Dom. 1570.] JOHN GUNTHERIUS ANDERNACHUS; that is to ſay, John Gunthier of Andernach on the Rhine, born in 1497, came to Paris; ſtudied phyſic; and took his doctor's degree in 1529. After he had lived there ſome time, he returned to Metz; and from thence to Straſbourg: where he taught and practiſed phyſic with honour; and died in 1574, aged ſeventy-ſeven.

Gynæciorum commentariolus, de gravidarum, parturientium, puerperarum, & infantium curâ. Argentorati, 1606, in 8°.

This book was printed, as appears, a long time after the death of the author; and the manuſcript was furniſhed by John George Schenckius.

[1] Melchior Adamus. *De vitis German. Medicor.*
[2] Idem *ibid.*
[3] Thuanus, *ad ann.* 1588.

Ann.

Ann. Dom. 1574.] GIOVANNI MARINELLO.
Le Medicine pertinenti alle infermità delle Donne, diviſe in tre Libre. Seconda impreſſione, in Venetia, in 12°, 1574.

This work contains a particular treatiſe on the diſeaſes of women: but written without order; and full of frivolous remedies. The firſt edition of the work was in 1563.

Ann. Dom. 1575.] AMBROSE PARE', of Laval, was at firſt received into the community of ſurgeons of Saint Côme. He was firſt ſurgeon of Francis II, Charles IX, and Henry III. He has left a large volume, in folio, printed in French, at Paris, in 1575, compoſed of every thing, that relates to the art of ſurgery; and of ſeveral treatiſes on medicine; which, it is pretended, he procured to be written by young phyſicians; and publiſhed as his own.

There is, among others, a treatiſe on the generation of man; where he ſpeaks, at the ſame time, of deliveries, and ſome diſeaſes of women.

Theſe works of Paré have been tranſlated into Latin by James Guillemeau; and were printed at Paris, in folio, in 1582.

Ann. Dom. 1577.] JOHN LE BON, *Heteropolitanus*; that is to ſay, native of Autreville in Champain, near Chaumont in Baſſigny.

He calls himſelf phyſician to the king, and of the cardinal de Guiſe, which muſt mean, as I imagine, of Lewis of Lorrain, cardinal of Guiſe, archbiſhop of Sens, who died in 1578.

He compoſed a treatiſe, intitled;
Therapeia Puerperarum, dedicated to John Liebaut: of whom we ſhall ſpeak below, in the next page; and who printed it at Paris, in 1577, with his *Theſaurus Sanitatis*.

The ſame work has ſince been printed at Baſil, in the collection of Iſrael Spachius, in 1589: and afterwards at the end of the works of James Hollier.

Ann. Dom. 1580.] LEWIS MERCADO, *Ludovicus Mercatus*, born at Valladolid, was a long time [1] profeſſor

[1] Nicolaus Antonio, *in Biblioth. Hiſpanâ.*

in the univerſity of that city; and afterwards firſt phyſician of Philip II, king of Spain; and ſince of his ſon, Philip the Third. He died at the age of 86 [1], of a retention of urine, cauſed by the ſtone.

Gynæciorum ſive de mulierum, virginum, viduarum, ſterilium, prægnantium, puerperarum & nutricum morbis communibus. Libri IV. Matriti, 1594, in folio.

This treatiſe may be regarded, as one of the beſt, we have on this ſubject: though the doctrines of the Arabians are too blindly followed.

Ann. Dom. 1582.] JOHN LIEBAUT, of Dijon, doctor of phyſic in the faculty of Paris, admitted in 1559. Beſides the medicinal works, which Vanderlinden, and Mercklin, attribute to him, he compoſed [2] a treatiſe, in Latin, on the diſeaſes of women; which I have never had an opportunity of ſeeing. But it has been tranſlated into French; and, as I ſuſpect, by Liebaut himſelf; and printed under this title;

Trois Livres de la Santé, Fécondité & Maladies des Femmes. A Paris, 1582, in 12°.

This treatiſe is taken from, or at leaſt is an imitation of, that of John Marinello, which was mentioned; and of which, Liebaut takes no notice. We ſhall ſee below what Lazarus Pé has ſaid concerning it.

Ann. Dom. 1582.] JEROM MERCURIAL, of Forli, born in 1530, nominated profeſſor of phyſic in the faculty [3] of Padua in 1567, in the place of Anthony Fracantianus; and, in 1569, in the place of Victor Trincavel. He paſſed from thence, in 1573, to the profeſſor's chair in the univerſity of Bologna; and afterwards, in 1599, into that of Piſa [4]. He died in 1606, aged 76 years.

[1] Caſtellanus, *in Vitis illuſtrium Medicorum.*

[2] They ſay thus in the title-page of the treatiſe, of which we are going to ſpeak. But I doubt the fact: and believe, that it never appeared but in French.

[3] Caſtellanus, *in Vitis Medicor. illuſtrium.*

[4] Mercklinus, *in Lindenio renovato.*

De

De morbis muliebribus prælectiones à Caſparo Bauhino editæ. Baſileæ, 1582, in 8vo.

This treatiſe is one of the beſt, which has been written on the diſeaſes of women; and is the work of a very learned profeſſor; and who was the ornament of the age he lived in.

Ann. Dom. 1582.] MARTIN AKAKIA, of Paris, ſon of another Martin Akakia of Châlons-ſur-Marne, was admitted doctor of phyſic in the faculty of Paris, 1569; profeſſor to the royal college, 1574; and died in 1580, aged about 49 years. He compoſed a work under the title *De morbis muliebribus*; which was not printed till after his death, in 1597, in the collection of Iſrael Spachius.

Ann. Dom. 1583.] FELIX PLATERUS, of Baſil, born in 1536, went to ſtudy phyſic at Montpelier; where he was admitted doctor, in 1557. On his return to Baſil, he practiſed phyſic with reputation; and was nominated profeſſor in the univerſity of that city, in 1571; which office he filled for 43 years. He died in 1614, in his 78th year.

De mulierum partibus generationi dicatis, Tabulæ iconibus illuſtratæ, ſtructuram uſumque explicantes. Additis obſervationibus & curationibus aliquot harum partium affectuum.

Theſe two diſſertations have been put by Iſrael Spachius at the head of his collections. The firſt is taken from an anatomical work, which Platerus had publiſhed at Baſil in 1583, in folio, under the following title;

De partium corporis humani ſtructurâ & uſu.

And the ſecond, from a treatiſe of obſervations made by him, which had not been printed in 1597, when Spachius's collection appeared: nor was ſo, till, in 1614, at Baſil, in octavo.

Ann. Dom. 1584.] MAURICE DE LA CORDE, in Latin, *Mauritius Cordæus*, of Rheims, doctor regent of the faculty of medicine at Paris, in 1559;

Hippocratis Coi, Medicorum Principis, Libri prioris, de morbis mulierum, *interpretatio & explicatio.* Pariſ. 1585, in folio.

In this work, the text of Hippocrates is divided into ſeveral articles; and each of them followed by a commentary of Cordæus, ſtudied with care; but wanting due method: as it is liable to follow the text, where there is none.

There is, in this work [1], a curious obſervation of an *hydatic* dropſy, which is the firſt accurate one, that had been made of this diſeaſe. The author diſplays the ſurpriſe, in which himſelf as well as the reſt of the ſpectators were, at the ſight of a fact, of which they had not the leaſt idea.

Ann. Dom. 1585.] ALBERTINUS BOTTONUS, of Padua, taught medicine, in that city, in 1555; and died, very old, in 1596.

De morbis muliebribus Liber. Patavii, 1585, in 4to.

De morbis muliebribus Liber ſecundus. Venetiis, 1588, in 4to.

Ann. Dom. 1586.] GASPAR WOLPHIUS, a phyſician at Zurich, was engaged, by Conrade Geſner, to give an edition of ſeveral authors on the diſeaſes of women, in form of a collection; and, to induce him to it, Geſner gave him the materials for one, which he had himſelf begun to make.

Wolphius undertook, with readineſs, this taſk; and executed it under the following title;

Gynæciorum ſive de Mulierum affectibus Commentarii, Græcorum, Latinorum, Barbarorum, tam olim & nunc recèns editorum; in tres tomos digeſti, & neceſſariis paſſim imaginibus illuſtrati. Baſileæ, 1586, in 4to.

The firſt volume contains;

I. Felix Platerus;
II. Moſchion;
III. Cleopatra, Moſchion, and Priſcianus, compared together;
IV. Trotula, to whom the editor choſe to give the name of Eros, a phyſician emancipated by Julia;
V. Nicholas des Roches;

[1] *Commentar. V. Artic. III.*

VI.

VI. Lewis Bonaciolus;
VII. James Sylvius;
VIII. John Rueff.

In the ſecond volume are;

I. Jerom Mercurial;
II. John Baptiſt Montanus;
III. Victor Trincavel;
IV. Albertinus Bottonus;
V. John le Bon;
VI. Ambroſe Paré;
VII. Albucaſis, the *Arabian*;
VIII. Francis Rouſſet, tranſlated into Latin by Gaſpar Bauhin, of Baſil;
IX. John Albofius, on the child at Sens converted into ſtone; or, *Lithopædium Senonenſe*.

The third contains only the commentary of Mauritius Cordæus on the firſt book of Hippocrates, *de Mulierbribus*.

The ſame Wolphius publiſhed, twenty one years before, and, conſequently, when he was young, the following book;

Viaticum novum de omnium ferè particularium Morborum curatione, Liber Authoris innominati quidem, ſed longè doctiſſimi, verè aureus & incomparabilis, nunc primùm in lucem editus per Caſparem Wolphium, Medicum, Phyſicum Tigurinum. Tiguri, 1565, in 12mo.

He ſays, in a preface prefixed by him to this book, that, in paſſing, twelve years before, through the moſt celebrated academies of France, and Italy, to learn phyſic, he found, in an antient library, the manuſcript which he gave; and which he heſitated ſome time to publiſh; but, at laſt, reſolved upon it.

This work compriſes all diſeaſes, in 68 chapters; of which there are ſix for thoſe of women. The author adheres every where to the doctrines of the Arabians; and his book is only a collection of very indifferent recipes. It would have been no loſs to medicine, if Wolphius had determined to have ſuppreſt it.

Ann. Dom. 1586.] JEROM CAPIVACCIUS, of Padua, where he was, at firſt, profeſſor of the practice of phyſic, in 1552; and, afterwards, of the theory, 1561; and died in 1589.

Medicina practica, ſive Methodus cognoſcendorum & curandorum omnium humani corporis affectuum, Joh. Hartmanni Beyeri ſtudio Libris VII interſtincta. Francofurti, 1594, in 4to.

Of the ſeven books, which this work contains, the fourth is appropriated to treating of the diſeaſes of women. This book, as well as the reſt of the work, was read by Capivaccius in the medicinal ſchool at Padua, as appears from the title of another edition of it, publiſhed at Lyons, in 1595, in 8vo. The firſt we mentioned, was procured to be publiſhed by J. Hartman Beyer, after the death of the author.

John Crato à Krafftheim, of Breſlau, principal phyſician of the emperors, Ferdinand the Firſt, Maximilian the Second, and Rodolphus the Second, ſays [1], that in reading the practice of Capivaccius, he recollected, that all the firſt part was taken from Argentier, which ſuppoſes there had been an edition of it more antient than thoſe above mentioned; as Crato, who died 1585, could not have ſeen them.

Moreover, what Crato imputes to Capivaccius, is very common with all the profeſſors, who do not deſign to publiſh.

Ann. Dom. 1590.] PETRUS FORESTUS, Peter Foreſt of Alcmaer, born in 1522 [2], after having taken the degree of doctor at Bologna, came to practiſe phyſic for ſome time in France, at Paris; and particularly at Pithiviere, in the Gatinois; from whence he went to Alcmaer, and Delft. He was nominated, in 1575, profeſſor of phyſic in the univerſity of Leyden, which had been juſt founded: and died, at Alcmaer, in 1597, aged 75 years.

Obſervationum & Curationum Medicinalium Libri XXXII, in folio. Lugduni Batav. *diverſis annis.*

[1] Epiſtola 118. *inter Epiſtolas à Laurentio Scholzio collectas.*

[2] Joan. Meurſius, *in Athenæo Batavo.* Lib. XI.

The

The twenty-eighth book of this collection treats *de Mulierum Morbis & affectibus*, in 82 chapters; where, in the midst of a theory taken from the Arabians, may be found some useful observations.

Ann. Dom. 1590.] JOHN GEORGE SCHENCKIUS, of Graffenberg, an elaborate and celebrated physician, studied medicine in the university of Tubingue; and was there admitted doctor, in 1554. He retired into his country, at Frybourg, in the Brisgau; and died there in 1598, aged 68 years.

Pinax Auctorum in re medicâ, Græcorum, Latinorum priscorum, Arabum, Latino-Barbarorum, Latinorum recentium, tùm & peregrinis linguis cluentium, extantium, manuscriptorum promissorum vel desideratorum, qui Gynæcia, sive muliebria pleno argumento, sive ex instituto scriptis excoluerunt & illustrarunt. Argent. 1606, in 8vo.

Ann. Dom. 1595.] ALEXANDER MASSARIAS, born at Vincennes [1], after having studied physic at Padua, and taken his degrees there, went to follow his profession in the city where he was born; and continued there 25 years. In 1578, he was prevailed upon to go to Venice, where he practised physic with more eminence for nine years. He was afterwards [2], in 1587, chosen by the senate to fill the chair of the first professor in the university of Padua, in the place of Jerom Mercurial, who obtained permission to go into the university of Bologna. He died [3] in this employment, on the 17th of the month of October, of the year 1598, more than seventy years old.

He read in the university of Padua, a treatise under the title of

Prælectiones de morbis mulierum, conceptûs & partûs, editæ in gratiam Studiosorum Medicinæ, ut quasi prodromum haberent omnium totius corporis humani morborum θεραπείας edendæ.

[1] Comnenus Papadopoli *in Hist. Gymnasii Patavini.*

[2] Petrus Castellanus, *in Vitis illustrium Medicorum.*

[3] Histor. Gymn. Patavini, *Tom. I. Lib. III. Sect. 2. Cap. 20. n°. XCVII.*

This treatiſe was printed, after his death, at Leipſic, for Abraham Lamberg, in 8vo, in 1600.

I have never had an opportunity of ſeeing it; but, I believe, it makes part of the practice of phyſic, which this phyſician publiſhed, in 1601, at Francfort, in 4to, *apud Nic. Baſſeum*; and which was, ſince that time, reprinted in ſeveral other places.

This practice is divided into ſeven books; of which the fourth, treating *de morbis mulierum*, is divided into thirteen chapters, and in which, thirteen different diſeaſes of women are ſpoken of.

The medicinal doctrine, taught there, is the pure Galenical ſyſtem: but it is very well treated, and explained; and Maſſarias ſhould be put in the number of phyſicians of his time, who were the moſt inlightened.

I think it proper to be remarked, that he has neither ſpoken of the hyſteric paſſion, nor the *furor uterinus*.

Ann. Dom. 1597.] ISRAEL SPACHIUS, a phyſician, and profeſſor at Straſburg, publiſhed, in that city, a new collection of authors, who have written on the diſeaſes of women; or rather, perhaps, a new edition of the collection of Wolphius, under the following title:

Gynæciorum, ſive de mulierum tùm communibus, tùm gravidarum, parientium & puerperarum affectibus & morbis, Libri Græcorum, Arabum, Latinorum, veterum & recentium quotquot extant, partim nunc primùm editi, partim denuò recogniti, emendati, neceſſariis imaginibus exornati, & optimorum Scriptorum autoritatibus illuſtrati. Argentinæ, 1597, in folio.

This collection contains the ſame authors which were in the collection of Wolphius: and there is only added Martin Akakia, whoſe treatiſe had not been printed before; and Lewis Mercado, of whom we have ſpoken above.

Ann. Dom. 1600.] WILLIAM DE BAILLOU, *Gulielmus*

lielmus Ballonius, of Paris, born[1] in 1538, after having ſome time taught humanity and philoſophy in the univerſity of Paris, applied himſelf to ſtudy phyſic; put himſelf on that line, in 1568; and was made there doctor regent, in 1570. After having practiſed with great eminence, he died in 1616, aged 78 years.

De Virginum & Mulierum morbis Liber, in quo multa ad mentem Hippocratis explicantur, quæ & ad cognoſcendum & ad medendum pertinebunt. Pariſiis, 1643, in 4°.

This treatiſe, as well as the other works of Ballonius, were printed, as appears, a long time after the death of the author. It contains only eleven chapters, and ſpeaks only of five or ſix diſeaſes. But it is not, however, ſhort; becauſe the author is very diffuſe in his reaſonings: to which muſt be added, that he wrote without order; that his ſtyle is too much embarraſſed with Greek words, where there is no occaſion; and that he follows the Arabians in his practice.

Ann. Dom. 1603.] RODERIC A CASTRO, a Portugueſe, after having ſtudied phyſic at Salamanca, went to finiſh his days at Hambro in Germany, which convinces me, that he was a Jew. He lived towards the end of the ſixteenth century.

De univerſâ muliebrium morborum medicinâ, novo & antehac à nemine tentato ordine Opus abſolutiſſimum. Hamburgi, 1604, in folio.

Ann. Dom. 1603.] HERCULES SAXONIA, born at Padua, in 1551, taught for the ſpace of a year the theory of medicine in the univerſity of that city: but that chair having been ſuppreſt by the ſenate, he went to Venice, where he practiſed with great ſucceſs, till he was engaged to go again to Padua, to fill the chair of firſt profeſſor of phyſic, vacant by the death of Jerom Capivaccius; which he did with honour till the time his death, that happened in 1607, when he was only 56 years old.

[1] Ex vita Ballonii à Renato Moræo ſcriptâ, & operibus Ballonii præfixâ.

Peter

Peter Uffenbach, doctor of phyſic, who had been his ſcholar, publiſhed at Francfort, in 1603, in folio, a collection of the writings of Saxonia, under the title of *Pantheum Medicinæ ſelectum, ſive Medicinæ practicæ templum.*

This work contains eleven books; of which the fourth is a particular treatiſe on the diſeaſes of women, in 30 chapters, according to the Galenical method, received at that time.

Some writers of lives attribute to him in particular, a treatiſe *De morbis mulierum*; but it is, in fact, only the fourth book of the *Pantheum*, mentioned above.

Ann. Dom. 1604.] EMILIUS CAMPOLONGUS, born at Padua, in 1550, taught, at firſt, the theory of phyſic in the academy of that city; and afterwards the practice, from 1578 till 1604[1], when he died, aged 54.

De Vermibus: De uteri affectibus: Deque morbis Cutaneis Tractatus præſtantiſſimi. Extant cum Hieronymi Fabricii ab Aquapendente Medicinâ practicâ. Pariſiis, 1634, in 4°.

Ann. Dom. 1606.] JOHN HUCHER, of Beauvais, royal profeſſor in the faculty of medicine at Montpelier, in 1574, dean in 1580, and chancellor in 1583, died in 1603.

De ſterilitate utriuſque ſexûs, Opus in quatuor Libros diſtinctum. Genevæ, 1609, in 8°.

This work is large, and contains ſeveral opinions, which have been a long time exploded: but, in the main, it is ſenſible, and leaves no room to doubt of the learning of the author: and there is found in him leſs prejudice, in favour of abſurdities, than was common in his time.

Ann. Dom. 1606.] JOHN VARANDE, of Niſmes, was admitted to the degree of doctor in the faculty of medicine at Montpelier, in 1587; nominated profeſſor there, in 1597; made dean in 1609; and died in 1617.

[1] Comnenus Papadopoli, *in Hiſtoriâ Gymnaſii Patavini, Tom. II, pag.* 340.

De morbis mulierum Libri III, in lucem editi, operâ Romani à Coſta. Monſpeſſuli, 1620, in 8°.

It is extraordinary, that the ſame work appears to have been printed in 1619, at Lyons; *Operâ*, ſays the title, *Petri Mylei Doctoris Medici:* which proves, that this book had been publiſhed by the ſcholars of Varandè, who hurried to print it from the manuſcript, which he had read.

This work is clear, and methodical. The theory is that of the times; but the practice partakes too much of the *polypharmacy* of the Arabians.

Ann. Dom. 1607.] JOHN HEURNIUS, of Utrecht, born in 1543, after having gone through his humanity in Holland, came to ſtudy medicine at Paris for three years, under the celebrated Lewis Duret. He removed from thence into Italy; and, after having ſtayed ſome time at Padua, he went to Pavia, to take his degree of doctor.

On his return to Holland, he ſtayed at Utrecht for ſome years; from whence he was called to be profeſſor at Leyden; where he died in 1601.

His works were printed under the direction of Otho Heurnius, his ſon, at Leyden, in 1609, in 4to; and at Lyons, in 1658, in folio.

There is, in this collection, a particular treatiſe, *De morbis mulierum*; which Otho Heurnius had before publiſhed ſeparately, in 1607, at Leyden.

Ann. Dom. 1609.] LAZARUS PE', doctor of phyſic, tranſlated into French the work of John Marinello, which he greatly commended; and publiſhed under this title;

Les Maladies des Femmes, & remedes d'ycelles en trois Livres de M. Jean Marinello, docte Médecin Italien, traduits en François par M. Jean Liebaut, Médecin à Paris, en cette derniere édition, revus, corrigés, & augmentés par Lazare Pé. A Paris, 1609, in 12mo.

At the end of the preface, he ſpeaks thus of John Liebaut, who had publiſhed nearly the ſame work twenty years before. " Mr John Liebaut has " given

" given this work as his own; notwithſtanding which, " I have, by comparing them together, diſcovered, " that he took all his matter from Marinello; chang- " ing, in ſome places, the order; and adding to it " ſome little of his own, to diſguiſe it. But, *he goes* " *on*, it is proper, that the honour be reſtored to the " real author; and that nevertheleſs we ſhould afford " ſome applauſe to Liebaut, for having refined, in- " larged, and tranſlated the book." Theſe laſt words convince me, that Liebaut did not compoſe his work in Latin, according to the ſuſpicion I have before expreſſed.

Ann. Dom. 1620.] HERMAN CORBEUS.

Gynæceium, ſive de cognoſcendis, præcavendis, curandiſque præcipuis mulierum affectibus Libri II, quorum prior affectus omnibus mulieribus communes; poſterior, qui cuique ſorti ſunt proprii, proponit. Francofurti, 1620, in 8vo.

Ann. Dom. 1625.] GREGORY HORSTIUS [1], of Torgau on the Elb, born in 1578, after having ſtudied medicine in ſeveral academies of Germany, went to take his degrees at Baſil, in 1606; and, a little time after his return, was made profeſſor of phyſic at Gieſſen in Heſſe. He was called, in 1622, by the republic of Ulm, to be phyſician of that city, and preſident of the college of medicine. He died, holding this office, in 1636, aged fifty-eight years.

Among ſeveral other works, Horſtius publiſhed, in 4to, a book of medicinal obſervations, under the following title;

Obſervationum Medicinalium ſingularium Libri IV poſteriores. I. *De Morbis Mulierum.* II. *De Morbis contagioſis & malignis.* III. *De doloribus partium externarum.* IV. *De Chirurgicis quibuſdam Caſibus.* Ulmæ, 1628, in 4to.

The obſervations on the diſeaſes of women are eleven in number: and there are ſeveral, which are curious, and merit to be read with attention. The author

[1] In oratione funebri, *quâ Joh. Dan. Dieterieus Gregorio Horſtio parentavit.*

names

names ſome German phyſicians, who had communicated to him part of them; as John Bilger, a phyſician at Kempten; James Eckold, a phyſician at Memmingen; and John-Chriſtopher Eiſenmenger, a phyſician at Heilbrun.

There is, by the ſame author, a century of problematical queſtions on the method of cure of different diſeaſes, diſpoſed into decades, of which the ninth relates to the diſeaſes of women, where ſeveral important queſtions are diſcuſſed, and generally well decided.

Ann. Dom. 1627.] MELCHIOR SEBIZIUS, born at Straſburg in 1578, after having paſſed through ſeveral academies, went to take his degree of doctor at Baſil, in 1610. He was afterwards made profeſſor at Straſburg, in 1612; which office he held for ſixty-two years; and died in 1674, aged ninety-five years.

Hiſtoria mirabilis de fœminâ quâdam Argentoratenſi, quæ ventrem ſuprà modum tumidum atque diſtentum ultrà decennium geſtavit; & tùm hydrope uterino; tùm molis carnoſis ſeptuaginta ſex, tùm eâ hydropis ſpecie conflictata fuit, quæ Aſcites *dicitur, fideliter relata, rationibus explicata & commentario de hydrope uterino, molarumque formâ, materiâ, efficiente, atque fine, aucta.* Argentinæ, 1627, in 4to.

I ſuſpect, that the ſeventy-ſix fleſhy moles, obſerved by Sebizius, were only *ſteatomas* of the *uterus*.

Ann. Dom. 1627.] FRANCIS RANCHIN, of Montpelier, doctor of phyſic of that faculty, in 1592, became profeſſor in 1605, in the place of John Saporta, who was dead; and was choſen chancellor in 1612, in the place of Andrew de Laurent. He died in 1642.

Opuſcula medica, utili jucundâque rerum varietate referta, publici juris facta curâ & ſtudio Henrici Gras, Doctoris Medici Monſpelienſis. Lugduni, 1627, in 4to.

There is in this collection a treatiſe,

De Morbis Virginum, divided into three ſections, where Ranchin diſcuſſes ſeveral queſtions, that relate

to the diſeaſes of women: but ſays nothing concerning them, that has not been before ſeveral times repeated.

Ann. Dom. 1620.] JOHN PREVOST, of the dioceſe of Baſil, born in 1585, took the degree of doctor of phyſic at Padua, 1607; was made profeſſor in 1613; and had the care of the botanical garden committed to him in 1616. He died there of the plague in 1631.

De morboſis uteri paſſionibus Tractatio. Patavii, 1669, in 8vo.

This treatiſe, as well as the reſt of his works, was not printed till a long time after the death of the author.

Ann. Dom. 1630.] MICHAEL DORINGIUS, a phyſician at Breſlau.

Epiſtola de novâ, rarâ & admirandâ Herniæ uterinæ, atque hanc juſto tempore ſubſequentis partûs Cæſarei Hiſtoriâ.

This phyſician communicated the relation of this fact to William Fabricius Hildanus, who has inſerted it in his obſervations.

Ann. Dom. 1630.] CLAUDIUS DEODATUS.

De admirabili quodam affectu uterino Obſervatio.

Communicated by the author to the ſame Hildanus, who has put it into his centuries of obſervations. This extraordinary caſe was a falſe *ſchirrus*, or *ſarcoma*, of the *uterus*.

Ann. Dom. 1630.] WILLIAM FABRICE, of Hilden in Swiſſerland, on which account, he is ſcarcely ever called by any other name but *Hildanus*, which alludes to his country, an able ſurgeon, born in 1560, ſettled firſt at Lauſanne; from whence he went to Berne; where he gained great reputation; and died in 1634, aged ſeventy-four years.

He publiſhed ſucceſſively, during his life, even ſix centuries of obſervations, which were collected after his death, and printed at Lyons, in 1641, in 4to. Among theſe obſervations, there are ſeveral on the diſeaſes of women; ſuch as miſcarriages, dead *fœtuſſes*, and deliveries; and on the principal diſeaſes of the *uterus*; which merit to be read. There

There are, among these observations, some which were communicated to him by other physicians, as Michael Doringius, Claudius Deodatus, &c. which have been mentioned in the preceding articles.

Ann. Dom. 1631.] DANIEL SENNERT, of Breslau in Silesia, born in 1572, studied medicine at Saxe; and took his degrees there in 1601: and the year after was made professor. He died in 1637, aged sixty-five years.

The works of this professor were collected after his death; and printed at Venice, in 1640, in three volumes, in folio: they have been since several times reprinted, with some additions. The most important of them is a complete course of local diseases, under the title of *Praxis Medica*, disposed into five books; each divided into several sections.

In the fourth book, he treats amply of all the diseases of women with order, method, and admirable good sense. He follows the Galenical theory in every thing; but it must not be expected to find there the lights, that have been gained since; though the principal fundamentals of medicine are there soundly established; the diseases, and their differences, exactly described; and the practical intentions very well deduced. It is the same with all the practical works of this author; insomuch that they ought to be considered as a complete library, which no physician can avoid having. They often contain more just medicinal doctrine than many modern books, that are greatly cried up.

Ann. Dom. 1640.] ZACUTUS, of Lisbon in Portugal, known for that reason under the name of *Lusitanus*, was born in 1575, studied philosophy and medicine in the academies of Salamanca, and Conimbra; and, in 1594, took the degree of doctor at Siguença in New Castile.

He afterwards practised physic at Lisbon for 30 years, till in 1624, that the Jews having been banished from Portugal, Zacutus, who was himself of that religion, retired into Holland; where he followed his

profeſſion at Amſterdam. He died in 1642, aged 67 years. He compoſed three conſiderable works, printed at Lyons, in 1649, in two volumes, in folio.

One of theſe works is intitled;

De Medicorum Principum hiſtoriâ.

It is a collection of ſeveral obſervations on diſeaſes, taken from the greater part of the antient and modern phyſicians, diſpoſed into ſix books, with explanations or commentaries.

The ſecond intitled;

Praxis Hiſtoriarum, is a *compendium* of the methods of cure, which are proper in each of the diſeaſes, of which he had ſpoken in the preceding work; and it is diſpoſed into ſix books.

The laſt bears the title of

Praxis Medica admiranda; and contains a great number of ſingular obſervations, as well on diſeaſes as remedies, in three books.

Zacutus ſpeaks of the diſeaſes of women, in all theſe three works. In the firſt, he treats of them in the third book in the 17 firſt obſervations: in the ſecond, they make the ſubject of the whole third book, which contains 23 chapters: and, in the third, there are twenty-five obſervations of the ſecond book, which relate to this ſubject.

Among theſe ſeveral obſervations, related by Zacutus, there are many which are curious. There are alſo much knowledge and erudition in the commentaries, or diſſertations, which accompany them; and I recommend the reading them. But I do not believe all the author relates; and ſhould be ſorry to take upon me to be anſwerable for it.

Ann. Dom. 1640.] NICHOLAS FONTANUS, Nicholas Fontaine, of Amſterdam.

Syntagma Medicum de Morbis Mulierum, in IV. *Tomos diſtinctum.* Amſtelodami, 1645, in 12°.

Ann. Dom. 1640.] LAZARUS RIVIERE, of Montpelier, took his degrees in the faculty of that city; was made a profeſſor there, in 1622, in the place of Laurence Coudin, who died in 1620; and filled that office

fice with honour, till 1655, when he died, aged 66 years.

This profeſſor compoſed inſtitutions, which formed a very good treatiſe in his time. But his principal work, is a courſe of diſeaſes, intitled, *Praxis Medica*: that was, at firſt, ſolely practical[1], and void of all theory, which he read in the ſchools; and publiſhed ſeveral editions of it in France and Holland. But ſeeing the ſucceſs of this work, he joined a theory to it, according to the principles then held; and the treatiſe was printed in this ſtate, at Paris, in 8°, in 1640; and ſince reprinted ſeveral times.

All the diſeaſes of the body are treated of in this work, in ſeventeen books. The XVth is wholly appropriated to the diſeaſes of women; which are explained there with accuracy; and for which a very ſenſible method of cure is propoſed: inſomuch that a judicious phyſician may, with this aſſiſtance alone, practiſe medicine ſucceſsfully.

It is not to be denied, however, but that Riviere follows Sennertus ſtep by ſtep; and that he has tranſcribed whole pages without quoting his name.

To conclude, one Bernard Chriſtin, of the iſland of Corſica, who ſtudied phyſic at Montpelier, under Riviere, and who afterwards turned Capuchin, but did not ſtill leave off practiſing phyſic, after having compiled a ſet of chemical ſecrets, had the confidence, in order to give them authority, to publiſh them at Venice in the name of Riviere; and ſince then, they have always been printed at the end of the works of that profeſſor. But Mr. John Chatelain, dean of the faculty of Montpelier, who has been dead a long time, and who ſtudied under Riviere, aſſured me, that Chriſtin had falſely aſcribed theſe ſecrets to that profeſſor.

[1] *In præfat. Editionis anni* 1651. *præfixâ.*

FOURTH EPOCHA.

THE circulation of the blood, of which it appears there was not not any knowledge before, was displayed in Europe, in 1628, in a treatise, by Dr. William Harvey, an English physician, printed at Francfort, in 4°, under the title of *Exercitatio Anatomica de Motu Cordis & Sanguinis in Animalibus:* and, on this foundation, the honour of this important discovery is given to him. But when this question is examined with care, there will be no reason to believe, that it is really due to him.

As early as the year 1553, Michael Severus, a native of Villa-Nova in Arragon, doctor of physic, remarkable for his errors in religion, and yet more for the punishment on that score, to which he was condemned at Geneva, had taught in a book [1], printed the same year at Vienne in Dauphiny, that the blood was carried by the arterial vein *(the pulmonary artery)* from the right ventricle of the heart into the lungs; that the branches of this vein discharged into those of the veinous artery, *(the pulmonary vein)* with which they communicate, and that the blood passed from this artery into the left ventricle of the heart, in the time of its diastole; and was, from thence, distributed into all the parts of the body.

A few years after, Realdus Columbus, of Cremona, successor to Andrew Vesala in the place of anatomical professor at Padua, professor of the same at Pisa, and professor of physic at Rome, published, in 1559, at Venice, a treatise of anatomy [2] in folio, where he de-

[1] Intitled, *Christianismi restitutio*, of which the copies were burnt with himself, in such manner, that only two remained.

The passage of Servetus teaches, that the circulation had been fully pointed out by Michael de la Roche; *Bibliotheque Angloise*, Tom. I: by Wotton; *Reflections on antient and modern learning:* and by Douglas, in *Bibliographiæ Anatomicæ Specimine, in verbo* Servetus, pag. 104.

[2] Intitled, *De re Anatomicâ Libri XV.*

livered

livered [1] the ſame doctrine as Servetus, on the circulation of the blood; and expreſſed himſelf almoſt in the ſame terms: which lead doctor James Douglas, a phyſician at London, to judge, that he took what he ſaid from Servetus; but he went further than Servetus, by deſcribing exactly the *valvulæ ſigmoides* of the arteries; and the *valvulæ tricuſpides* of the veins; to which he aſcribed their real uſe.

This diſcovery ſoon became the object of great attention. Peter Monavius of Breſlau, who was afterwards phyſician to the emperor Rodolphus II, wrote [2], in 1576, to John Crato, then phyſician to the emperor Maximilian II, that, being at Heidelberg in 1574, an Italian, called Pigafetta, a ſcholar of Fallopius, had ſaid publickly, in reading lectures of anatomy there, that a Spaniard (who can only be believed to be Servetus) had found, that the blood, which came out of the right ventricle of the heart, was carried into the lungs by the arterial vein; and returned to the left ventricle, by the veinous artery.

It was only in 1574, that Jerom Fabricius ab Aquapendente, ſucceſſor to Fallopius in the chair of the profeſſor of ſurgery, in the univerſity of Padua, and afterwards profeſſor of anatomy in the ſame univerſity, diſcovered the valves of the veins; as he ſays in a treatiſe, which he publiſhed on that ſubject, in 1603, in folio, intitled, *De Venarum Oſtiolis*. It ſeems, that after a ſimilar diſcovery, he had only one ſtep to make, to diſcover the circulation of the blood, for the poſition and the form of theſe valves ſhow, and demonſtrate it: but this ſtep Aquapendente did not make.

It was reſerved to Andrew Ceſalpinus of Arezzo, who, after having been a long time profeſſor of phyſic at Piſa, became firſt phyſician to pope Clement the Eighth, to give the finiſhing ſtroke to the diſco-

[1] Libro VII. *De Corde & Arteriis.*

[2] This letter is found *inter Conſilia & Epiſtolas Petri Monavii*, in the collection of Laurentius Scholzius, printed at Francfort, in folio, 1598.

very of the circulation of the blood, which he did in a work [1] printed at Venice, in 1593, where he says [2], that the blood is carried from the right ventricle of the heart to the lungs, by the veinous arteries; and that it returns from thence to the left ventricle, by the arterial vein; that it is propelled from the left ventricle into the *aorta*; and, after having passed through all the parts of the body, is brought back into the right ventricle of the heart, by the *vena cava*; that, consequenly, there is a vein in each ventricle, which carries the blood thither; and an artery, which receives it, to convey it elsewhere; and that, therefore, the vessel in the right ventricle, which the antients called *arterial vein*, should be called an *artery*, and that in the left ventricle, which they called *veinous artery*, should be called *vein*. He adds an exact description of the valves of the arteries and veins in the heart; and he determines the uses of them. In short, he explains the circulation of the blood, as it is at this time explained; employing even the word circulation, which is at present in common use: and what is more extraordinary, he observes, that the veins swell always below a ligature; and applies this observation to prove the motion of circulation, which he attributes to the blood.

These facts being admitted, it takes away the least room for doubt, but that Servetus, and Columbus, knew the circulation of the blood. At least it cannot be denied, that Cesalpinus has exactly described it: and, as he affirms, from observations made in dissecting dead bodies, or living animals. *Quæ*, he says, *ex dissectione apparent*. It is therefore to Cesalpinus, the honour of this discovery must be given; and the more, becaufe it is probable, that Harvey, who was at Padua in the beginning of the seventeenth century, staid there five years, and took the degree

[1] Under the title of *Quæstionum Peripateticarum Libri IV. Quæstionum Medicarum Libri IV. in* 4°.

[2] *Quæstionum Peripateticarum III, IV, V, & VI.* Et *Medicarum Lib. II. Quæstione* 17. There may be found at length, in Douglas, page 165—168, of the work quoted, the passages of Cesalpinus, which relate to the circulation.

of

of doctor at that place, had heard ſpeak of this diſcovery, publiſhed ſeveral years before; of which indeed he could not be wholly ignorant.

Dr. Douglas, therefore, though an Engliſhman, and countryman of Dr. Harvey, himſelf[1] agrees, that it was Ceſalpinus who diſcovered the circulation of the blood; and that Dr. Harvey had no other part in it, than being the firſt who publiſhed it: which appears inconſiſtent with the dates of the works of theſe two authors; and brought it to perfection, which appears inconſiſtent with the exact deſcription Ceſalpinus has made of it. In conſequence of which, all he demands for Dr. Harvey is, that he ſhould be allowed to ſhare the honour of this diſcovery with Ceſalpinus. *Par decus manet*, ſays he, *& illum, qui primùm invenit, & qui poſtremùm perfecit. Neſcio enim*, continues he, *an præſtat in veniſſe, an ditaſſe.*

However evident the circulation of the blood might be; however inconteſtable the proofs produced in ſupport of it; it muſt not be preſumed, that it was received at firſt. It had been miſunderſtood, when Servetus, Columbus, and Ceſalpinus taught it. An oppoſition was made to Dr. Harvey, when he undertook to maintain it: he had contradiction on every ſide to combat; but the truth prevailed, in ſpite of all of them; and has now ſpread itſelf univerſally. Queſtion, however, whether the circulation was held as an authoriſed doctrine, by any medical body, before the year 1650.

It is at that period, I fix the beginning of the fourth *epocha:* becauſe it was not till that time, or later, that any of thoſe advantages were begun to be obtained from the knowledge of the circulation, which there was reaſon to expect from ſuch a diſcovery, for the elucidation of medicine.

Nearly about the ſame time, Deſcartes offered a new ſyſtem of philoſophy, which deſtroyed fundamentally that of Ariſtotle, on which the Galenical ſyſtem of medicine was founded. He met with the

[1] Speciminis Bibliographiæ Anatomicæ, p. 167, 168.

ſame fate as Harvey. An oppoſition was at firſt raiſed againſt him and his ſyſtem, with the ſame ſpirit, and with as little ſucceſs: and his philoſophy was ſoon after received; and drove out of the ſchools of medicine that of Ariſtotle.

The yoke of the antients muſt have been very heavy, by the ardour which appeared to throw it off. No revolt was ever made ſo quickly, or completely. The authors, who were admired, the opinions that had been maintained, and the books that had been before read, were now all deſpiſed. It was ſaid, there could be nothing true, nothing ſenſible in the medicine, that had been taught, and practiſed before that time: as if certain diſcoveries in anatomy, and certain doctrines in natural philoſophy, could overturn the fundamentals of medicine.

To this revolt, ſucceeded diſorder, and licentiouſneſs, the general conſequences of ſuch events. As no guide was any longer followed, every one perſued his own imagination; and there was, in a ſhort time, almoſt as many ſyſtems of medicine, as phyſicians.

Some, zealous for the opinions of Deſcartes, attributed to the ſubtile matter every thing which paſſed in the body. They made it act as they pleaſed; move, advance, turn back, and whirl about, at their will; and, by this means, they thought to account for every thing, without conſidering, that ſuch reaſons were neither more rational, nor true, than thoſe founded before on the occult qualities, which they themſelves ſo much ridiculed.

Others, bigotted to chemiſtry, could find nothing in the body but ſulphurs, ſalts, acids, alkalies, ferments of all kinds, fermentations, effervescences, and exploſions. It might be reaſonably ſaid, they were willing to transfer into the human body all the operations of chemiſtry.

There were ſome, who, prepoſſeſt in favour of the corpuſcular philoſophy of Gaſſendi, which was in vogue at the ſame time, imagined there were, in the blood, and humours, atoms, or corpuſcules, round,

or

or crooked; hard, or flexible; and great, or small; to which they gave what motions they would, without thinking of giving the least appearance of plausibility to their arbitrary suppositions.

I have myself seen part of these opinions prevail in the schools: and was educated in the midst of the disorder, while it still continued there. Happily it is now over: and medicine is at this time on a more certain and rational footing.

At present nothing is admitted, but what is deduced, as it were, of itself from the known structure of the parts whence the functions are explained; results from the certain laws of the circulations of the blood and lymph; or is confirmed by the opening of dead bodies.

Application has been made to anatomy in this *epocha* with great success; and whereas, in the preceding, anatomists seemed to have no other object than to study the number, figure, and articulations of the bones; the insertions, and uses, of the muscles; the distribution of the large trunks of arteries, and veins; which is very requisite for surgery, but less advantageous to physic; Stenon, Pecquet, Malpighi, Ruysch, Morgagni, Verney, and Winslow, have, in this, applied themselves to study the structure of the *viscera*, the nature of glands, glandular bodies, and their excretory ducts; to render apparent to the eye, by the means of injections, the distributions of the capillary ramifications of the arteries, and veins, and the anastomoses which unite them, and serve for their communication with each other; to demonstrate the existence of the lymph, of which there was not before any notion; to prove that it circulates in every part of the body; and to discover the particular roads, that it takes in the circulation; &c.: which has given new lights for explaining the natural functions, and the disorders of these functions, that constitute diseases.

It were to be desired, that we should attain at length to the knowledge of the structure of the brain, and the use of the different parts which compose it;

the order of the circulation of the blood, and more particularly of that of the lymph in this part; and the origin, ſtructure, and uſes of the nerves, which ſpring from it, and which are diſtributed in the parts of the body. It has been already attempted with earneſtneſs, in ſpite of the difficulties occaſioned by the poſition of the brain in the bony box of the ſkull; and uſeful diſcoveries have been made; but much more important remain behind, for the elucidation of a great part of the animal œconomy, with reſpect to which, we have ſcarcely any thing more than conjectures.

In this *epocha*, the openings of the dead bodies have been more frequent: becauſe anatomy has been more general, and more inſtructive: becauſe it has been better known how to diſtinguiſh the diſorders, that have been found in the ſeveral *viſcera*, where the real cauſes of diſeaſes commonly reſide. Nevertheleſs, it has been frequent to miſtake the effect of the diſorder for the cauſe; that is to ſay, the bad ſtate which the diſeaſe has produced, for the bad ſtate which produced it. To be convinced of this, there is nothing requiſite, but to take a ſlight view of the greateſt part of the obſervations related in the *Sepulchretum* of Bonnet. It is certain, that the greateſt intelligence is neceſſary, in order to make juſt obſervations on dead bodies; and unfortunately thoſe, who make them, have not always a ſufficient ſhare.

Botany was alſo cultivated with the ſame ſucceſs, as anatomy. Tournefort, Ray, Riviere, and Linnæus, have fixed the *genera* and *ſpecies*, under which plants arrange themſelves, as it were, of their own accord: and, by this means, have given to botany, order and diſpoſition, of which it was believed incapable. It would have been well, if they had not confined themſelves to the meer claſſing of plants; but had endeavoured, by experiments, to diſcover, and determine their qualities and virtues.

Chemiſtry has been reduced to its juſt bounds. By the example of Stahl, Boerhave, Freind, Homberg, and ſeveral others, who have diſtinguiſhed themſelves,

no

no other uſe is now made of it than to analyſe compound bodies; to diſcover the principles of them; and to make, by art, new combinations, which afford new remedies. It muſt be allowed, that we owe to them ſeveral, which are the moſt effectual reſources of medicinal practice: but the more efficacious theſe remedies are, the greater is the ſkill and prudence requiſite to their proper adminiſtration. For with reſpect to ſuch medicines, miſtakes are always of conſequence.

Pharmacy is not now loaded with ſo great a multiplicity of compoſitions; but thoſe which are retained are the beſt, the moſt uſeful, and ſuch as are alone neceſſary to the right practice of phyſic. They are prepared with more ſkill: becauſe there is more knowledge of the nature of drugs; and with more care, and exactneſs, becauſe they are leſs perplexing, by the multiplicity of the number of ingredients. It is of conſequence, that phyſicians perſevere to concur in this procedure, by rendering their preſcriptions more ſimple, in order the better to diſtinguiſh the effect of each remedy.

The prejudice, which our fathers had for judicial aſtrology, and taliſmans, is intirely extinct: and if there remain, in the public, any traces of ſuch a ſuperſtition, it is not ſupported by phyſicians.

There is already acquired in this *epocha*, three new remedies, which America has afforded: the *Peruvian bark*, *ipecacuanha*, and *ſimarouba*.

The firſt is the bark of a tree, called *gannaperis*, which grows in Peru, in the mountains that are near Loxa, at ſixty leagues diſtance from Quito. This medicine was brought to Rome, in 1649, by ſome Spaniſh Jeſuits, who returned from Peru, where they had, ſome time before, ſeen the good effects of it on the wife of the count del Cinchon, viceroy of Peru. As the Jeſuits diſpenſed it every where, and the cardinal of Lugo, who was of their order, had a large quantity of it given to patients at Rome, it was at firſt called the Jeſuit's powder, or the powder of cardinal Lugo: and it ſtill bears that name in ſome countries. But with

us,

us, it has been known for a long time under the name of *quinquina*, the etymology [1] of which is not known: which, as I conjecture, comes from its being firſt called *pulvis Chinæ*, or *China*, from the cuſtom that prevails of calling all unknown countries China. But as it was requiſite to diſtinguiſh it from the China root, *radix China*, vulgarly called in French, *la ſquine*, they contrived the means of repeating the word; and ſaying *China-Chinæ*. It was a long time known under this name: and from it we have made that of *quinquina*.

Whatever may be the etymology of the name, the *quinquina*, or Peruvian bark, is an excellent remedy, when it is employed properly by a prudent phyſician; and after the general medicines, which are agreeable to the caſe. We have no febrifuge ſo ſafe and effectual: and it ſhould be regarded, as an acquiſition very beneficial to medicine, and to diſeaſed perſons.

IPECACUANHA, is a root, which comes from the Braſil, as is imported by the name of *radix Braſiliana*, which it bears in books of medicine: though it is more uſual to call it by the name of *ipecacuanha*: which it has in the country where it grows.

William Piſon ſpoke of it, as early as the year 1658, in [2] *Hiſtoria Naturâ & Medicâ Braſiliæ*: and remarked the virtues of it: but the medicine was not then further known. A French phyſician, called *le Gras* [3], who had made three voyages into America, brought home a conſiderable quantity of it, in 1672: but as he died ſoon after, and had not given much account of the effects of the medicine, there was no uſe made of it. It is pretended, that a merchant, called Garnier, brought ſome again to Paris, in 1686: but it is not agreed by what means [4] this parcel came into the hands of

[1] It has been believed, that the name of *quinquina* came from that of the counteſs del Cinchon, who took this medicine the firſt. See Pauli Hermanni, *Cynoſura Materiæ Medicæ*, edition of 1726, p. 204. and Mich. Bernardus Valentini, *Diſc. de China-Chinæ, Cap.* 2. § 1.

[2] *Lib. IV. Cap.* 33.

[3] Lémery, *Traité Univerſel des Drogues, in verbo* Ipecacuanha.

[4] Geoffroy, *Materiæ Medicæ*, *Tom.*

of Adrian Helvetius, a Dutch phyſician; though it is certain, that he quickly brought the medicine into vogue; which did the ſame by him.

Ipecacuanha is an excellent medicine, and a true ſpecific in dyſenteries, when care has been taken to prevent the inflammation by bleeding, and to moderte the heat of the bowels by humectants. It appears, that its virtues proceed principally from its properties of diſſolving viſcidities, and reducing them to an aqueous ſtate, which it is eaſy to conclude from the change, that happens in the ſtools of the patients, when they have taken this medicine.

The third of the new remedies we have received from America, is the *ſimarouba*, which is the bark of a tree of that name, that is common in Guiana. It was ſent to Mr. Pontchartrain, ſecretary of ſtate of the marine, in 1713: but no uſe was then made of it. In 1718, Mr. Anthony de Juſſieu, doctor regent of the faculty of Paris, and profeſſor of botany, employed it with ſucceſs in dyſenteric looſeneſſes, which were very common that year, at Paris; and of which the greateſt part reſiſted the *ipecacuanha*. After being certain of its effects, by ſeveral experiments, he communicated this medicine, in 1729, to the academy of ſciences, of which he was a member.

The *ſimarouba* is eſteemed a ſpecific, particularly in ſerous looſeneſſes. There is appearance, that this property comes in part from its diuretic virtue, which renders it capable of carrying off by the kidneys, the *ſerum*, which floods the bowels. But it muſt be remarked, that this medicine, though efficacious in ſome caſes, is not always equally ſo; and that there is ſometimes reaſon to complain of its failure of ſucceſs.

The ſmall-pox, the venereal diſeaſe, and the ſcurvy of the preceding *epocha*, continue ſtill in this. But Europe has not ſuffered any new diſeaſes in it. For I do not think, that name ought to be given to a kind

Tom. II. Sect. I. Cap. 1. Artic. 22. novo antidyſenterico, Ephem. Germ. Guill. Gothofr. Leibnitz, De Decur. III. Ann. III. in appendice.

of

of fever, that appeared at Leipſic, in Miſnia, in 1652, which at firſt attacked only women in child-bed: and was known there by the name of *frieſel*. Afterwards this diſtemper ſpread in Germany, in the neighbouring provinces: and ſhowed itſelf even in England, as appears by Sydenham's treatiſe, intitled, *Schedula monitoria de novæ febris ingreſſu*; and by the treatiſe[1], *De Febre miliari* of Hamilton. It has prevailed ſince at Turin in Piedmont; and in part of Lombardy: and has even been ſeen in France, in ſome places.

This fever begins generally by a ſlight ſhivering, followed with a proportionable degree of fever; which increaſes the ſecond, and third days; and is attended with very bad accidents. An eruption is then formed all over the body, of an infinite number of little pimples, like grains of millet; which has occaſioned the name of *miliary fever* being given to it. Theſe pimples riſe on the ſkin, as in the *ſudamina*, generally red, but ſometimes white: on which account, two ſorts of miliary fever, or *frieſel*, are diſtinguſhed: the one *red*; and the other *white*; which is eſteemed the moſt dangerous.

This diſeaſe, at firſt, attacked only women in child-bed; and, indeed, even now they are moſt ſubject to it: but it is communicated to men, who are not at preſent exempt from it. In the beginning, the diſorder was more dangerous, and epidemic, in countries where it raged: but it appears to be now more mild, and leſs epidemic.

This kind of miliary eruption, in Greek ἐκζέμαλα, has always been common in ſeveral kinds of fevers, and has, conſequently, ſometimes appeared in different places: as may be collected from the obſervations of phyſicians. For this reaſon, I am of opinion, that what has been before ſaid of the purple, or petechial fever, may be applied to this diſorder alſo: that it ſhould not be conſidered as a new diſeaſe: and this is indeed the notion, which the phyſicians, who have written on it, have entertained.

[1] Printed at London, in 1710, in 8°.

I ſhould

I ſhould not omit two articles of practice, which have been propoſed in this *epocha*; or which are propoſed yet as very uſeful in medicine.

The firſt is the transfuſion of blood. In proſecuting the ſtudy of anatomy, it was found advantageous to make injections into the veſſels, in order to diſtinguiſh better the ramifications of them. From this example, a notion aroſe of injecting fluid medicines, particularly purgatives, ſudorifics, and diſſolvents, in hopes, that, by acting immediately on the blood, they would operate more efficaciouſly. There was ſo ſtrong a preſumption in favour of this practice, that it had the name of *infuſive* ſurgery given to it. Two treatiſes [1] are written on this ſubject: the one by John-Daniel Major, and the other [2] by John-Sigiſmond Elſholtzius: but the bad ſucceſs that followed, ſoon diſplayed the true merits of it.

It was this, nevertheleſs, which ſuggeſted the transfuſion of blood. As ſoon as ſuch a practice was mentioned, it was received and applauded, with the eagerneſs that novelties excite. The moſt flattering hopes were conceived; and it was eſteemed as a ſource of youth, capable not only of curing diſeaſes, but, alſo, of renewing juvenile vigour. In conſequence [3] of this, ſeveral diſputed the honour of the diſcovery. Dr. Richard Lower, known by the treatiſe on the heart, pretended [4] to have performed it the firſt at Oxford, in 1665; and to have mentioned it in the Philoſophic Tranſactions, in 1666; which was true: but he practiſed it only on animals. John Denys, who then made experiments in natural philoſophy at Paris, claimed this honour from him, in 1667, in the *Journal des Sçavans:* and aſſerted, that he had firſt performed the transfuſion of blood from another ani-

[1] *Chirurgia infuſoria.* Kilonii, in 4°. 1667.

[2] *Clyſmatica nova.* Coloniæ Brandeburgicæ, in 8°. 1667.

[3] It is certain, that John Colle, profeſſor at Padua, had deſcribed this operation in a treatiſe of phyſic, printed at Venice, 1628, under the title of *Methodus facilè parandi jucunda, tuta & nova Medicamenta.* Cap. 7.

[4] Tractat. *De Corde.*

mal

mal to a man. Claudius Tardy, doctor regent of the faculty of medicine at Paris, boasted [1] of being the first, who had done it from one man to another. Others arose, who put in similar claims: and Irenæus Vehr, in a *thesis*, which he maintained at Frankfort on the Oder, in 1668, under the title of *Disputatio de Metæmachymâ*, had also ascribed it to Maurice Hoffman, professor at Altdorff, when the bad success of the operation took away all the ground of contention.

The second practice is, *the inoculation of the small pox*, which is pretended to be transmitted; or, to use the proper expression, that corresponds to the word inoculation, which is pretended to be ingrafted on one subject from another.

This operation may be performed in several manners: but it is not our business here to take particular notice of them. It is sufficient to observe, that the most approved, and safe, is to make an incision in the fleshy part of one of the arms, or legs, which divides the skin slightly, for the length of half an inch, or an inch, or more; and to put into the wound, a little pledget, charged with *pus*, taken fresh from any pustule of a patient having the small-pox, of which the kind is favourable. In default of fresh *pus*, the wound is dusted with the powder of pustules of the small-pox dried: which is preserved in a bottle, well stopt, to hinder its growing too dry. This application is covered with a plaster; and about the seventh or eighth day the eruption begins to be made with fewer or more symptoms; and, at the same time, the wound suppurates, and runs copiously.

It is asserted, that this practice was antient in Circassia, and Mingrelia; from whence it was carried to Constantinople. We owe the knowledge of it to two physicians, who followed their profession in that city. The first was doctor Emanuel Timone of Constantinople, who addressed a memoir on this subject to the Royal Society of London [2]; which was inserted in the

[1] Traité *De l'écoulement du sang d'un homme dans un autre & de ses suites.* Paris, 1667.

[2] It is said, *Acta Eruditorum*

the Philosophical Transactions of the year 1714, N° 339: and which is, also, in the *Ephemerides Curiosorum* of Germany, *Centur. V, & VI, Observat.* 2. The other was doctor James Pylarini of Cephalonia, who published a dissertation on the same subject at Venice, in 1715; of which an extract is found in the Transactions of the year 1716, N° 347.

The testimony of these two physicians, supported by the instance of my lady Mary Wortley Montagu, lady of the English ambassador at the port, who had suffered her only son to be inoculated at Constantinople, in 1718; and caused her daughter, at her return, to undergo the same at London, in 1720, encouraged the physicians, surgeons, and apothecaries, to undertake this operation in England, in spite of the constant opposition of the Doctors [1] Wagstaffe, [2] Blackmore, [3] G. Douglas, and Freind [4], physicians of great ability, who condemned it. It is certain, that it was become pretty common before the year 1728: but it is admitted, without any cause being assigned, [5] *that it was suspended, and, as it were, forgot from that time to* 1743. It is indeed added, that it is *revived, since, not to undergo again a similar fate.*

Attempts have been made to gain a just knowledge of this practice, in all the countries of Europe; and care has been taken to examine into the proofs that have been made of it, in some. In France particularly, nothing has been neglected to procure it to be adopted. But in spite of all the zeal, which has been

rum Lipsiensia Ann. 1714. p. 382. that this treatise was printed at Constantinople in 1725: but that is not clear.

[1] Letter from doctor William Wagstaffe to Dr. Freind, printed at London, 1721.

[2] Collection of pieces concerning inoculation, p. 175.

[3] Ibid. p. 285.

[4] Freind's History of Medicine, Part III. After having represented John Gaddesden, an old English physician, as an empiric, he adds, *that if he had lived in our days, he does not doubt, but that he would have been at the head of inoculators*; which shows the notion he entertained of those of his own time.

[5] Collection of pieces concerning the inoculation for the small-pox. Printed at Paris, 1756, in 12°. p. 135.

exerted,

exerted, and all the application that has been made, to manifeſt the good ſucceſs, it has not hitherto made a great progreſs.

After having diſplayed the facts, it is the next buſineſs to form ſome judgment on them: but the queſtion is not yet ſufficiently cleared up, and I conceive the moſt proper meaſure is to relate ſuccinctly the reaſons advanced on both ſides.

The inoculators ſay, that of the patients, who are attacked with the ſmall-pox in the natural way, there dies one in fourteen, or ſeven in a hundred; and that thoſe who eſcape are generally disfigured: from whence they infer, that there ſhould be no heſitation made to ſubmit to inoculation; ſince there is a certainty of avoiding, by this means, death, or deformity. This is the only argument urged in favour of inoculation: and it muſt be allowed, that a ſtronger, and more perſuaſive, can ſcarcely be alledged: for what is more dear than life and beauty?

But the anti-inoculators anſwer, 1°. That there is, on one hand, an exaggeration of the number of thoſe who die of the ſmall-pox taken in the natural way, at leaſt with regard to more temperate countries, ſuch as England, where, *annis communibus*, there does not die one in thirty, and ſometimes not ſo many. They add, moreover, that the compariſon, which is made, is not juſt: becauſe the ſubjects [1] choſen for inoculation are healthful, young, and well prepared, in whom the diſeaſe is ſlightly dangerous: whereas in the eſtimation, reſpecting the ſmall-pox in the natural way, all are taken into the account, of whatever age, or conſtitution, they may be; or however ill prepared: which, therefore, leaves no room to wonder that there ſhould more die.

2°. On the other hand, the danger of inocculation is concealed, of which it is certain, that ſome die, in ſpite of all the care, that can be taken to practiſe it

[1] See what Dr. Jurin recommends, *Collection, page* 91, *and the following:* and alſo what Mr. Ranby, the ſurgeon, propoſes, *ibid. page* 224, *and the following.*

only

only on young ſubjects, and ſuch as are prepared with due caution. Dr. Jurin, a zealous advocate for inoculation, allows [1] himſelf, that it amounts to two or three in the hundred: and he is accuſed of having diminiſhed the number.

3°. They are of opinion, that the apprehenſion of this danger ſhould ſuffice to diſſuade diſcreet parents from expoſing their children to the hazards of inoculation; that is to ſay, to an operation, of which there dies at leaſt two in a hundred, to avoid a diſeaſe remote, uncertain, and which, perhaps, they may never have: and from which, half mankind may, with ſome precautions, exempt themſelves.

4°. But it is at leaſt, ſay they, neceſſary, before any perſon undergoes inoculation, to be very certain, that it prevents the danger of having the ſmall-pox in the natural way. The friends of inoculation affirm it: but the others maintain the contrary [2] ſtrenuouſly; and they bring inſtances of a great number of particular facts, which it is difficult to deny. The friends of inoculation, alſo, begin to give way, when it is offered to them, to inoculate again in their preſence, thoſe whom they themſelves have already inoculated. And in effect when it is certain [3], that the ſmall-pox has been ſometimes had in the natural way more than once, what reaſon can there be, why it ſhould not be had more than once by inoculation?

5°. The oppoſers to inoculation add, that in inoculating the ſmall-pox, there is a hazard of inoculating the *ſcrophula*, tetters, the ſcurvy, and the venereal

[1] Relation of the ſucceſs of inoculation in the *Collection* above quoted, pag. 98.

Ibidem, pagg. 132, 133.

Ibid. Letter of M. Jurin to M. Coteſworth, *pag.* 50. *du Recueil.*

[2] Mr. Kirkpatrick, in *The Analyſis of Inoculation*, printed at London, in 1754, agrees, that there are ſix inſtances alledged of inoculated perſons, who have had the ſmall-pox again. He diſputes three of them, and denies the other three. See the *Collection* before quoted, page 255.

[3] Dr. Jurin grants, that Mr. Iſaac Maſſey, an apothecary, had aſſured him, that he had ſeen an inſtance, page 84, of the *Collection*, and that he is obliged to quote ſeveral.

diſeaſe; if unluckily the *pus*, or puſtules, ſhould be taken from a perſon infected with any of theſe diſeaſes. If the leven of the ſmall-pox put into the wound produces the ſmall-pox, why ſhould not the ſcrophulous, tetterous, ſcorbutic, or venereal levens, produce, in the ſame manner, the *ſcrophula*, tetters, ſcurvy, or venereal diſeaſe? They do not confine themſelves to meer preſumption, they alledge caſes very circumſtantial, where it has happened, that, thinking only to inoculate the ſmall-pox, ſome of theſe other diſeaſes alſo have been inoculated.

6°. In ſhort, they maintain, that this inoculated ſmall-pox is not the true kind, [1] that it reſembles more the itch, than that diſeaſe: that there are ſcarcely any puſtules, which ſuppurate; and that the *pus* of thoſe, which do ſuppurate, cannot be uſed for a freſh inoculation: which proves, that it is not the true matter of the ſmall-pox, nor proceeding from that diſeaſe: from whence they held, that there is reaſon to conclude, ſuch a diſorder cannot be any ſecurity againſt having the true ſmall-pox.

I do not know whether all theſe reflections have had their due weight at Paris. But I have ſeen a conjuncture very favourable to inoculation, and where there was reaſon to believe it would greatly prevail. Its well-wiſhers were ſenſible of the advantages of this criſis; and neglected nothing to take the benefit of thoſe circumſtances. But their hopes quickly vaniſhed: and this miſcarriage will probably be fatal to inoculation here: for when novelty has failed to procure partiſans; and when reaſon has had time given to it to examine, weigh, and judge, the eſtabliſhment of this practice appears to be in danger of not taking place.

Ann. Dom. 1650.] JACOB PRIMROSE, of Scotch original, born at Bourdeaux.

[1] Nothing more is requiſite, than to conſult the deſcription, which the inoculators themſelves give of the ſmall-pox.

De

De Morbis Mulierum & ſymptomatis Libri V. in quibus plurimi tùm Veterum, tùm Recentiorum errores breviter indicantur & explicantur. Roterodami, 1655, in 4°.

Ann. Dom. 1660.] PETER MICHAEL OF HEREDIA, profeſſor of phyſic in the univerſity of Alcala de Henarez, for twenty-five years, was nominated by Philip IV, king of Spain, to be his firſt phyſician. He died in 1663. Peter Barca, of Aſtorga, profeſſor of phyſic at Alcala, who had been his pupil, collected his works; and publiſhed them at Lyons, in 1665, in one volume in folio, divided into four books.

There is, in the fourth volume, a conſiderably long treatiſe, *De Muliebribus Morbis:* but I have found nothing in it, that ſhould induce any one to read it. This author follows ſtill the method of the Arabians; and does not appear to have profited of the improvement, which medicine had received ſince the works of the Greek phyſicians were become common. This is a proof, that, in that age, the new diſcoveries were ſlowly carried into Spain.

Ann. Dom. 1667.] ANTHONY MENJOT, of Paris, ſtudied phyſic in the faculty of Montpelier, where he took his degrees in 1636. He came afterwards to practice phyſic at Paris, with the office of phyſician to the king; and died there before 1697, aged more than eighty years.

He has compoſed ſeveral diſſertations: among which are ſome on the diſeaſes of women; as *De Furore Uterino*, in the firſt part: *De Picâ*, in the ſecond: and *De Sterilitate*, in the third. But theſe diſſertations contain only pathologic reaſonings, without prognoſtic, or method of cure.

Ann. Dom. 1667.] FRANCIS DE LA BOE, *Sylvius*, born at Hanover in 1614, went to take his degrees at Baſil in 1637: and, at his return, practiſed phyſic ſome time at Hanover and Amſterdam: from whence he was called, in 1652, to Leyden, to fill the office, which the death of Albert Kyper made vacant in that univerſity. He died in this employment, in 1672.

This phyſician had great reputation in his life-time: but his works have not much at preſent.

There were publiſhed, after his death, four volumes in 12°, on diſeaſes: of which the third volume bears this title;

Praxeos Medicæ Liber tertius. De affectionibus generationi hominis dicatas functiones læſas vel conſtituentibus, vel producentibus, vel conſequentibus. Amſtelodami, in 12°, 1674.

In this treatiſe, there are only ten chapters on the diſeaſes of women, and principally on thoſe, which relate to conception, pregnancy, delivery, and the milk. The theory is not well explained, nor at all accurate: and as to his practice, it is too heating, and preſcribes too many aromatics: but it was ſuitable to the countries where Sylvius practiſed.

It may be eaſily judged, that theſe four books have been inſerted in the collection of his works *in folio:* and that they make the principal part of them.

Ann. Dom. 1667.] THOMAS WILLIS, an Engliſh phyſician, born in 1620, took the degree of doctor of phyſic in the univerſity of Oxford; and, ſome time after, was there profeſſor of natural philoſophy. Having been called to London, in 1667, he fixed there: and ſoon acquired a great reputation. He died in 1677.

He publiſhed, at Oxford, in quarto, in 1667, a treatiſe, intitled, *Pathologiæ cerebri & nervoſi generis Specimen, in quo agitur de Morbis Convulſivis, & de Scorbuto:* where he advanced, that convulſive diſeaſes came from heterogeneous and exploſive parts, mixt with the animal ſpirits; which cauſed irregular exploſions in the parts, where they were carried; and produced convulſions, and convulſive motions.

Highmore, who had before written on this ſubject, and to whom this new theory did not appear well founded, undertook to oppoſe it, in a diſſertation publiſhed in 1670, which will be ſpoken of in the following article: and Willis anſwered this diſſertation the ſame year by that which follows,

Affectionum

Affectionum hyſtericarum & hypochondriacarum Pathologia ſpaſmodica vindicata contra Reſponſionem epiſtolarem Nathanaelis Highmori, M. D. Londini, 1670, in 8°.

The ſubject of this diſpute will be diſplayed in the following article.

Ann. Dom. 1670.] NATHANAEL HIGHMORE, of Oxford. This phyſician publiſhed, in 1660, at Oxford, a treatiſe in 12°, intitled,

Exercitationes duæ, quarum prior de Paſſione Hyſtericâ, altera de Affectione Hypochondriacâ.

Which engaged him, in order to refute the notion, that Willis advanced on this diſeaſe in 1667, to give the following diſſertation;

De Paſſione Hyſtericâ & Affectione Hypochondriacâ, Reſponſio epiſtolaris ad D. Williſium. Londini, 1670, in 4°.

In this diſſertation, Highmore declared againſt what Willis had ſaid in his Pathology, on the cauſe of hyſterical, and hypochondriac affections. According to Willis, the cauſe of theſe diſeaſes was in the brain, which afforded, and in the nerves, which conveyed the animal ſpirits, elaſtic, and charged with heterogeneous, and exploſive parts, capable of producing the convulſions, and convulſive motions, which happen in theſe diſeaſes. Againſt this hypotheſis, Highmore publiſhed the letter mentioned above, where he attempts to prove, that theſe diſeaſes proceed only from ſubtile, elaſtic, eaſily rarefied *(flatulento)* blood; which is accumulated in the lungs, and the ventricles of the heart; and cauſes ſuffocations, and oppreſſions of the heart: which he ſays are the principal ſymptoms of theſe diſeaſes. I intereſt myſelf but little in this diſpute: becauſe I believe, that theſe diſeaſes come from a cauſe intirely different.

Ann. Dom. 1676.] MARY MEURDRAC.

Mitleidende und leichte Chimie *vor das Fravenzimmer und deren Kranckheiten, aus dem Frantzæſiſchen ins Teutſche uberſezt von* I. L. M. C. Franckfurt, 1676, in 12°.

That is to say, *Chemistry made easy*; *and suited to the ladies and their disorders*; *translated from the French*, *by* I. L. M. C. Francfort, 1676, in 12°.

I know only the title of this book, any more than of the other German treatises, which I shall mention below, and for that reason I can say nothing as to their contents.

Ann. Dom. 1677.] HENRY CELLARIUS.

Vermeinte Mutter-Beschwehrung. Halberstad, 1677. in 12°.

That is to say, *The pretended exulceration of the* uterus. Halberstad, 1677, in 12°.

Ann. Dom. 1678.] PAUL DE SORBAIT, of Hainault, professor of physic at Vienna in Austria for twenty-four years, and physician to the empress Eleonora, widow of the emperor Ferdinand III, [1] died in 1691.

Praxis Medica septem Tractatibus comprehensa. Viennæ Austriæ, 1680, in folio.

In the first of these treatises, which contains eighty-six chapters, the author speaks of the diseases of women, in the thirteen last.

Ann. Dom. 1680.] PHILIP GEORGE GRULING.

Von Weiber-Kranckheiten. Frankfort, 1680, in 4°.

That is to say, *Of the diseases of women.* Frankfort, 1680, in 4°.

Ann. Dom. 1682.] MICHAEL ETTMULLER, of Leipsic, doctor and professor of physic in the faculty of that city, lived only thirty-nine years, being born in 1644; and dying in 1683.

George Francus, professor in the same university, collected the works of Ettmuller; and published them at Francfort, in two volumes, *in folio*, in 1688; and Peter Chauvin, physician at Lyons, had them reprinted in 1690.

There is in this collection, intitled,

Collegium practicum speciale de Morbis Virorum, Mulierum & Infantium.

The part, which relates to the diseases of women, is contained in ten chapters, almost intirely designed to treat of conception, pregnancy, and delivery.

[1] *In Catalogo Curiosorum Germaniæ, præfixo Volum. I. Ephemerid. Anni* 1727.

Ann.

Ann. Dom. 1682.] THOMAS SYDENHAM, of Dorſetſhire in England, born in 1642, doctor of phyſic of Cambridge, went to fix at London, in 1661, where he practiſed phyſic with much reputation. He died in 1686.

There is, among his works, which have been printed ſeveral times, a diſſertation, in form of letter, addreſſed to William Cole, doctor of phyſic,

De Obſervationibus nuperis circa curationem variolarum confluentium, necnon de Affectione Hyſtericâ.

In the laſt part of this diſſertation, the author firſt confounds with Willis the hyſteric diſorder of women, with the hypochondriac of men. 2°. He pretends, by adopting the hypotheſis of Willis, that theſe two diſeaſes proceed from an improper ſtate of the animal ſpirits, which he calls *Ataxia*, of which he neither explains the nature, nor the cauſes, inſomuch, that the word *Ataxia* reſembles greatly the occult qualities. 3°. He recommends, for the cure of the hyſteric paſſion, preparations of ſteel, chalybeate mineral waters, the Peruvian bark, opium, Spaniſh wine, or either alone, or in which gentian, angelica, or the zeſt of orange-peel, is infuſed; and particularly riding on horſeback. He blames much the uſe of purgatives: below he afterwards recommends, nevertheleſs, all the common anti-hyſterics.

What is moſt aſtoniſhing is, that he regards the tumefaction, dropſy, *ſteatoma* of the *ovaria*, and the hydatids; which are formed there, and which are often found in the bodies of women after they are dead; as conſequences of the diſeaſe produced by the depoſit of a humour that is thrown upon the part: whereas it is certain, that we ought to regard theſe diſorders, as the cauſes of the diſeaſe itſelf.

Although this diſſertation does not contain, as I believe, any juſt theory, the reputation of the author ought to induce every one to read it.

Ann. Dom. 1684.] JOHN GARMER, a phyſician of Hamburg.

Diatriba seu controversia cum Beckio de uteri procidentiâ, curis secundis auctior. Hamburgi, 1684, in 4°.

Ann. Dom. 1684.] JOHN DOLE'E, born at Geismar in Hesse, physician to the landgrave of Hesse-Cassel, of the academy *Curiosorum naturæ* in Germany, died in 1722, according to the catalogue of the members of that society, which is prefixed to the first volume, in 1627; but the date of it is not known.

Encyclopædia Medicinæ Theoretico-practicæ, quâ tam veterum, quàm recentiorum, Paracelsistarum nempe, Helmontianorum, Willisianorum, Sylvianorum, Cartesianorum, de causis & curationibus Morborum sententiæ exhibentur. Additâ simul Authoris de his opinione. Unà cum medicamentis Galenico-chymicis, ut plurimùm ab ipso Authore experientiâ comprobatis. Francofurti, 1684, in 4°.

The fifth book of this *Encyclopædia* treats of the diseases of women in ten chapters. It is a compilement of several authors; and what is most extraordinary, of authors who have followed opposite systems: as of the Paracelsians, Helmontians, Willisians, Cartesians, and scholars of Sylvius le Boe.

Another singularity is, the having coined names derived from the Hebrew or Greek; and having called the brain, *microcosmetor*; the heart, *cardimelec*; the stomach, *gasteranax*; and the orifice of the *uterus*, *spiritus plasticus*, or *janitor uteri:* which is a very vain ostentation of learning.

It may be esteemed a third singularity, that he has prefixed to this work Latin verses in honour of himself; some made by Michael Ettmuller; and others by Thomas Sydenham.

Ann. Dom. 1685.] NATHANAEL SPRYE.

Tractatus de Fluxu menstruo. Patavii, in 8°, 1685.

This author pretends to explain the periodical return of the *menses*, by the augmentation alone of the quantity, and motion of blood. It is true that he is of opinion, the structure of the *uterus*, which is spongy, as he pretends, contributes to it, on account that the blood's stopping in its *cellulæ* opens at last a passage every

every month. The author endeavours to deduce, from this hypotheſis, all the irregularities which happen to the menſes.

Ann. Dom. 1686.] GAUTIER CARLETON, a phyſician at London.

Inquiſitiones Medico-phyſicæ de cauſis Catameniorum, ſive fluxûs menſtrui; & uteri rheumatiſmo ſive fluore albo. Londini, 1685, in 8°.

Ann. Dom. 1691.] JOHN NICHOLAS PFISER.

Von oler Weiber Nature, wie auch deren Gebrechen und Kranckheiten. Altdorf, 1691, in 8°.

That is to ſay, *Of the nature of Women, their infirmities, and diſeaſes.* Altdorf, 1691, in 8°.

Ann. Dom. 1691.] JOHN GEORGE SOMMERS.

Weiber Pfleg-Buchlein, annectirt deren hebammen Schule. Rudelſtadt, 1691, in 12°.

That is to ſay, *Cuſtom of Women: to which is joined the ſchool of deliveries.* Rudelſtadt, 1691, in 12°.

Ann. Dom. 1694.] FRANCIS MAURICEAU, of Paris, an eminent ſurgeon and man-midwife, who died in 1709, has given ſome works relative to his profeſſion.

Treatiſe on the diſeaſes of pregnant and childbed women. Paris, 1694, in 4°.

He publiſhed afterwards two other treatiſes, under the title of *Obſervations on pregnancy, and the delivery of women*, in 4°, both at Paris: the one in 1694, and the other in 1708.

Mauriceau wrote without order or method; and is a very unfaithful guide, when he concerns himſelf with reaſoning. But as he had experience, there are, in his books, facts reſpecting practice, which merit to be conſidered.

Ann. Dom. 1695.] BERNARD CONNOR, an Engliſh, or Iriſh man, [1] ſtudied phyſic at Montpelier about the year 1690; and perhaps took his degrees there. He came afterwards to Paris, where he was admitted to the royal chamber, which ſubſiſted then: on which account, he aſſumed the title of *è Regiâ Cameræ Pariſi-*

[1] *De Antris lethiferis, pag.* 19.

enſis

enſis Societate. During the time he ſtayed there, [1] he had an opportunity of ſeeing a ſkeleton compoſed of *vertebræ*, ribs, *os ſacrum*, and *os innominatum*, formed of one ſole intire bone. He ſaw there, alſo, in the body of a woman, whom he opened, [2] a very large *ſarcoma*, that filled, and diſtended the *uterus*; which came in conſequence of the kick of a foot on the hypogaſtric region. He went from thence to Italy, where he had the opportunity of obſerving the grotto *del Cane*; and the eruption of mount Veſuvius, which happened in 1694. On his return to England, he collected the diſſertations, which he had compoſed, on theſe four ſubjects; and made one volume of them, which he publiſhed under the following title;

Diſſertationes Medico-Phyſicæ.

De Antris lethiferis.

De montis Veſuvii incendio.

De ſtupendo oſſium coalitu.

De immani Uteri Sarcomate. Oxonii, 1694, in 8°.

There is another work of the ſame author, intitled, *Evangelium Medici, ſive Medicina Myſtica, De ſuſpenſis naturæ legibus, ſive de miraculis, reliquiſque* ἐν τοῖς βιβλίοις *memoratis, quæ medicæ indagini ſubjici poſſunt.* Londini, 1697, in 8°.

Ann. Dom. 1696.] PHILIP FRAVENDORFFER, born at [3] Konigſwiſſen in high Auſtria, provincial phyſician of Moravia, living at Brion, of the academy *Curioſorum*, *&c.* of Germany, and [4] died in 1697.

De morbis mulierum. Noribergæ, 1696, in 12°.

Ann. Dom. 1700.] CHRISTOPHER HELLWIGS.

Fravenſimmer Apothectegen. Leipſig, 1700, in 12°.

That is to ſay, *Pharmacy in ſmall for Women.* Leipſic, 1700 in 12°.

Ann. Dom. 1700.] CHRISTIAN JOHN LANGIUS, born at Pegau in Saxony, in 1655, doctor and profeſſor of phyſic in the faculty of Leipſic, died in 1701. His

[1] Diſſert. *De Stupendo oſſium coalitu, pag.* 4.

[2] Diſſert. *De immani uteri ſarcomate, pag.* 38, 39.

[3] In Catalogo præfixo *Vol. I. Actorum Acad. Natur. Curioſor.*

[4] *Ibid.*

works

works were collected, and published at Leipsic, in 1704, in two volumes, in folio, by Augustus Quirinus Rivinus, professor of pathology and botany in the same faculty.

This collection is intitled,

Christiani Johannis Langii. . . . . .
Opera omnia medica theoretico-practica.

There is in this collection, a treatise, intitled, *Praxis medica Langiana*, where the author, in the twenty-fourth chapter, speaks *de morbis sequiori sexui tantùm familiaribus*, in four small paragraphs, in such manner, that it is only a very short, and very useless *compendium*.

There is joined to this collection, the academical *theses* of the author; which are a third part of it. There are some *on barrenness, the suppression of the menses, and the diseases of virgins and pregnant women:* in which the matter is a little better discussed.

Ann. Dom. 1703.] JOHN FREIND, a physician of London, of the Royal Society, died in 1729. This author is known from several works: but we shall speak here only of the following:

Emmenologia, in quâ fluxûs muliebris menstrui phænomena, periodi, vitia cum medendi methodo ad rationes mechanicas exiguntur. Oxoniæ, 1703, in 4°.

This author allows only two causes of the *menses*; the *plethora* of blood, which is accumulated every month in the vessels of women; and the peculiar largeness of the arteries which go to the *uterus*, and are distributed there: and he is of opinion, that this is sufficient to determine, every month, the evacuation of this *plethora* by the *uterus:* which occasions the *menses*.

Ann. Dom. 1705.] JOHN DOMINIC SANTORINI, professor of physic, and demonstrator of anatomy, at Venice.

Opuscula Medica de structurâ & motu fibræ, De nutritione animali, De hæmorrhoidibus, De Catameniis. Venetiis, 1705, in 8°.

We shall only speak here of the last of these dissertations. The author, after having remarked, sect. 1, that

that it is difficult to assign a reason for the course of the *menses*, affirms, sect. VII, that they depend on three causes: a true or apparent *plethora*; the particular distribution of the vessels in the *uterus* and *vagina*; and the action of the seed on the whole system of spirits, *per totam spirituum systasim:* but he by no means explains this last cause well.

This work of Santorini was reprinted at Roterdam, in 1719, in 8°.

Ann. Dom. 1708.] HERMAN BOERHAVE, born at Voorhoot, near Leyden, in 1668, professor of physic in the university of that city, member of the Academy of Sciences at Paris, and of the Royal Society at London, and a physician of great eminence, which he supported by his works. He died in 1738.

Aphorismi de cognoscendis & curandis morbis. Lugduni Batavorum, 1708, in 8°.

This treatise is a very short *compendium* of medicine, which comprehends only a certain number of diseases: but a *compendium* made by Boerhave; and therefore excellent. There are only four chapters on the diseases of women, under the following titles: *Morbi Virginum*; *Morbi gravidarum*; *Partus difficilis*; *Morbi Puerperii:* in which he does nothing, but point out the principal facts, that he explained afterwards to his pupils at large.

Ann. Dom. 1708.] JOHN GABRIEL RODOLPHUS. *De iis, quæ sunt observanda in mulieribus largiter menstruatis.* Lugduni Batavarum, in 8vo, 1708.

Ann. Dom. 1712.] PETER FRESART, a physician at Liege, author of the following tract:

Emmenologia, in quâ fluxûs muliebris menstrui phænomena, periodi, vitia, cum medendi methodo ad rationes Medico-Physicas exiguntur. Leodii, in 12°, 1712.

The author first treats of the cause, which produces menstruation; and afterwards explains the irregularities of the *menses*, which are as so many particular diseases, for which he points out the remedies, that he judges most proper.

According

According to him, the *menſes* are a fermentation, or uterine leven, which gathers in the *uterus*; ferments there every month; and, by that means, excites the eruption of the *menſes*. I imagine the author took up this hypotheſis in the faculty of Montpelier, where he ſtudied; and that he learnt it of Mr. Chirac, who taught it; and of whom he ſpeaks [1] with applauſe.

Ann. Dom. 1715.] ANONYMOUS.

Nouveaux ſecrets . . . . . pour guérir pluſieurs ſortes de Maladies des Dames, tirez *des Mémoires de M. Digby*. A. la Haye, 1715, in 8°.

That is to ſay, *New ſecrets . . . . for the cure of ſeveral kinds of diſeaſes of women, taken from the memoirs of Mr. Digby*. At the Hague, 1715, in 8°.

The little dependance, which ſuch collections merit, is obvious.

Ann. Dom. 1715.] JOHN ANTHONY TERENZONI, profeſſor of phyſic at Piſa.

De Morbis Uteri. Lucæ, 1715, in 4°.

Ann. Dom. 1717.] JOHN GOLDHAMMERS.

Compendioſer Weiber und Kinder Artz. Muhlhauſen, 1717, in 12°.

That is to ſay, *A compendium of phyſic for women and children*. Muhlhauſen, 1717, in 12°.

Ann. Dom. 1721.] GASPAR SCHROTERS.

Jungfern Weiber und Kinder Apotheckgen. Franckf. 1721, in 8°.

That is to ſay, *Apothecary's ſhop for girls, women, and children*. Franckfort, 1721, in 8°.

Ann. Dom. 1722.] HENRY VAN SANDEN.

Obſervatio de prolapſu uteri inverſi. Regiomonti, in 4°, 1722.

Ann. Dom. 1724.] GEORGE ERNEST STAHL, of Hall, born in 1660: aulic counſellor, and firſt phyſician, to Frederic, king of Pruſſia; of the ſociety *Curioſorum*, *&c.* of Germany; profeſſor of phyſic in the univerſity of Hall; died [2] in 1734; aged ſeventyfive years.

[1] *Pag.* 81, & 242.

[2] *In Catalogo Academicor. defunctor. præfixo Volum. IV. Ephemerid. Germanicar.*

I know

I know of ſome *theſes* of this profeſſor on ſeveral diſeaſes of women, which the merit of the author engages me to point out; even though I had no deſign to enumerate any.

Diſſertatio inauguralis Medica, De menſium Muliebrium fluxu ſecundùm naturam, & ſuppreſſione præter naturam.

Reſpondente Joh. Georgio Brebiſs, *Curia-Variſco*. Hallæ Magdeburgicæ, 1694, in 4°.

Propempticum inaugurale, De fluxûs muliebris, quatenus menſtrui, cauſâ. *Hallæ Magdeburgicæ*, *in* 4°, 1702.

Diſputatio inauguralis Medica, De menſium inſolitis viis.

Reſpondente Georg. Frider. Jaſchcke, *Stroppa-Sileſio*. Hallæ, 1702, in 4°.

Diſſertatio Medica inauguralis, De Puerperarum affectibus.

Reſpondente Joachim Cober, *Pritz-walcenſ-Marchico*. Hallæ, 1704. in 4°.

Diſſertatio Medica inauguralis, De affectibus gravidarum.

Reſp. David Dittman, *Vilna-Lithuanico*. Hallæ, in 4°, 1708.

Diſſertatio inauguralis Medica, De ſterilitate fœminarum.

Reſp. Gottfried Wilhelmi, *Havelb-Marchico*. Hallæ, 1711, in 4°.

Stahl publiſhed, alſo, the following treatiſe in German,

Von den Zufallen und Kranckheiten des Fravenzimmers. Leipſig, 1724, in 8°.

That is to ſay, *Of the accidents and diſeaſes of women:* at Leipſic, 1724, in 8°.

Ann. Dom. 1730.] ..... LE TELLIER, the ſon.

Réflexions critiques ſur l'Emmenologie de M. Freind. Paris, 1730, in 8°.

There have been many treatiſes on the œconomy of the *menſes*; but it is not extraordinary: the explanation of menſtruation is, as it were, the key to the explanation

planation of the diſeaſes of women: and it cannot be hoped, either to lay down juſt *rationalia*, or eſtabliſh a proper method of cure of them, without having diſplayed the true cauſe of the *menſes:* which is requiſite for determining the ſtate of the *uterus*, in each irregularity, which comes upon them.

Ann. Dom. 1732.] ANTHONY CELESTINUS COCCHIUS, profeſſor of botany in the college of Rome.

De immani hyſterico affectu, inter *Epiſtolas Phyſico-Medicas.* Pariſiis, 1732, in 4°.

Ann. Dom. 1734.] JOHN AUGUSTUS OEHEMENS.

Erofnete Geheimnuſſe der natur und cur eines Maladen Fravenzimmers. Leipſig, 1734, in 4°.

That is to ſay, *The ſecrets of nature, and of the cure of a ſick Lady, diſcovered.* Leipſic, 1734, in 4°.

Ann. Dom. 1755.] GEORGE PHILIP NENTER, a phyſician at Straſburg.

Fundamenta Medicinæ theoretico-practica, ſecundùm celeberrimi D. D. Stahlii potiſſimum, aliorumque celebriorum Medicorum placita conſcripta, & propriâ experientiâ confirmata, in formâ Tabularum. Venetiis, in folio, 1735.

There is in the part of this work, called *Praxis ſpecialis*, divided into eight books, two places, where the author ſpeaks of the diſeaſes of women. 1°. In the firſt book, in chapters VIII. IX. X. and XI. where the *menſes*, *lochia*, and their irregularities, are ſpoken of. 2°. In book VII, where five ſections are employed to treat, *De morbis imprægnandarum*; *De affectibus imprægnatarum*; *De affectibus parturientium*; *De affectibus puerperarum*; *De lactantium affectibus.* But this manner of treating of medicine by tables makes only a very ſuperficial work.

Ann. Dom. 1740.] FREDERIC HOFFMAN, born at Hall, near Magdebourg, in 1660, ſtudied phyſic in the univerſity of Iene; and there took the degree of doctor, in 1681. He was nominated, in 1693, profeſſor of phyſic in the univerſity of Hall; which Frederic III, elector of Brandenbourg, and firſt king of Pruſſia, founded the ſame year: and continued in

this office till his death; acquiring great reputation in it; and doing great honour to the new-eſtabliſhed univerſity.

The brothers de Tournes, bookſellers at Geneva, deſirous to make a compleat edition of his works, which had been printed ſeparately at Frankfort, Venice, and Baſil, applied to Hoffman himſelf, who approved of their deſign; and furniſhed them with part of his works. This collection appeared, in 1640, and had the approbation of the author. It formed three large volumes, *in folio*, that contain ſix books. The ſame de Tournes reprinted them, in 1748.

It was then a very voluminous compilement for a courſe of medicine, though not yet complete: but it is become much larger ſince the author's death. There were printed, in 1754, three other volumes, ſtill bigger; in which were put together academical *theſes*, and conſultations, from the collections which Hoffman made, as I imagine, in his youth, for his own information: in ſhort, a great number of pieces, which he had laid aſide; or which he had incorporated in his other works. In this meaſure, the editors of the ſupplement ſeem to have the profits of the bookſellers much more in view than the honour of the author.

It is certain, that there are very good things in Hoffman: how could he otherwiſe have gained the reputation he has had: but it muſt be confeſſed, his ſtyle is looſe; that he is diffuſe; that he relates trivial things with great prolixity; and, in ſhort, that he is guilty of repetition, even in the works where the impreſſion has been approved by himſelf. For as to thoſe, which have been publiſhed ſince his death, theſe faults are much more glaring.

Nevertheleſs, with all theſe defects, Hoffman merits to be ranked in the number of the beſt authors on medicine. It is true, if he be put in competition with the Greek phyſicians; it is not Hippocrates, but Galen, with whom he is to be compared. It can ſcarcely be doubted, but that Hoffman has ſpoken of the diſeaſes of women in this vaſt compilation; but the places muſt

muſt be ſearched for where it is done. For he has diſpoſed his ſubjects in a manner wholly peculiar to himſelf.

Thus, I°. Vol. IV. There are found three centuries of conſultations; among which there are ſeveral, that treat of the diſeaſes of women, and the remedies proper for them: but they are only treated of on the ſuppoſition of a particular caſe propoſed; and not by any general doctrine, which extends to all caſes.

II°. Vol. III. He ſpeaks, page 50, *De malo hyſterico*; page 176, *De convulſione uteri, ſive abortu*; page 311, *De cachexiâ & chloroſi*; page 348, *De cachexiâ uterinâ, ſivè fluore albo:* and treats more doctrinally of them.

III°. Laſtly, in the ſecond ſupplement, part II. page 389, there is an academic *theſis, De genuinâ chloroſis indole, origine & curatione.*

I ſhall not attempt to ſet forth, what Hoffman ſays on the greateſt part of theſe articles. It is ſufficient to obſerve, that, with regard to the hyſterical paſſion, he rejects the opinions of Highmore, Sylvius, and Sydenham, who placed the ſeat of this diſorder in the ſtomach, the *pancreas*, the meſentery, or the *vena porta:* and that of Piſon, who placed it in the brain, or origin of the nerves; and that he himſelf places it, with the antients, in the *uterus:* that he affirms, this diſorder proceeds from three cauſes; the ſuppreſt *menſes*; the ſuppreſt *lochia*; or the acrimony of the ſeminal humour: that he does not allow any other ſeminal humour, than the *ova* of the *ovaria*, which engaged him to attempt to explain how theſe *ova* break in the hyſteric paſſion: and that he ſuppoſes, there ariſe, in this diſeaſe, from the *uterus*, malignant vapours, which, ſpreading themſelves in the body, produce all the ſymptoms, that are obſerved.

Ann. Dom. 1743.] J. R—N, of London, doctor of phyſic.

A Treatiſe on all the Diſeaſes incident to Women, by John Aſtruc, Phyſician to his preſent Majeſty, &c. and Author of a Treatiſe on the Venereal Diſeaſe, tranſlated from a manuſcript copy of the Author's Lectures, read at Paris. London, in 8°. 1743.

This treatiſe has already been ſpoken of, in the preface of this work.

Ann. Dom. 1751.] RICHARD MEAD, born, in 1673, at Stepney, a little village near London, after having ſtudied phyſic at Utrecht and Leyden, went to Italy; and was admitted doctor of phyſic at Padua. On his return to London, he practiſed phyſic with great eminence, in a manner that did honour to his profeſſion: and died in 1754.

He publiſhed ſeveral works, which have been very well received by the public, and which merit to be ſo: but do not relate to the ſubject before us. We ſhall, therefore, only take notice of the laſt, which he publiſhed.

Monita & Præcepta Medica. Londini, 1751, in 8°.

This treatiſe is very inſtructive; but ſhort: and contains only twenty-one chapters. Nevertheleſs, the author has appropriated one intirely to ſome diſeaſes of women; and ſpeaks in five ſections,

I. *De menſtruorum ſuppreſſione.*
II. *De immodico menſium fluxu.*
III. *De fluoribus albis mulierum.*
IV. *De morbo hyſterico.*
V. *De partu difficili.*

He confines himſelf to the giving, on each article, ſome practical advice, without any theory; and pointing out, in a few words, the remedies, which he had found ſucceed beſt. Thus he aſſures us, that black hellebore is the moſt efficacious medicine, which he has tried for bringing back the *menſes:* and accordingly, he adviſes the giving, in this caſe, twice every day, in a glaſs of water, a little tea-ſpoonful of the *tinctura melampodii*, that is to ſay, of the root of black hellebore, prepared according to the *Pharmacopœia* of the College of London.

Ann. Dom. 1753.] JAMES LAZERME, doctor and profeſſor of phyſic in the faculty of Montpelier, who died a few years ago, publiſhed, at Montpelier, in 1751, a *compendium* of medicine, under the following title,

Curationes

Curationes Morborum ex ſcriptis Jacobi Lazerme, Regis Conſiliarii & Profeſſoris Medici Monſpelienſis exceptæ. Monſpelii, 1750, in 12°. Tom. I. p. 357. Tom. II. p. 303.

This work was tranſlated a little time afterwards, and publiſhed in French at Paris, in two volumes, in the ſame manner, under the title of

Méthode pour guérir les Maladies, traduit du Latin de M. Lazerme. Paris, 1753, in 12°.

That is to ſay, *Method of curing diſeaſes, tranſlated from the Latin of Mr. Lazerme.*

The diſeaſes are treated of very ſuccinctly in this work: becauſe it was propoſed to treat of them all, except the venereal diſeaſe and gout. There is nothing to be found in it, however, but a vain collection of common trivial recipes, without any theory, which may enable the reader to diſcover the cauſes and ſeats of the diſeaſes; the differences, which diſtinguiſh the kinds; the ſymptoms, that attend, or are conſequent to them; and the ſigns, which give foundation to the prognoſtic, that may be made on them; and ſerve to determine the intentions of cure, which ſhould be propoſed to be effected.

Theſe faults are particularly notorious in the tract on the diſeaſes of women; in which there is not any explanation of the mechaniſm of menſtruation; or the cauſe of the periodical return of the *menſes:* in which the exceſſive and ſuppreſt *menſes*, that is to ſay, the irregularities of the *menſes*, are ſpoken of, without having ſaid what cauſes their regular courſe: in which it ſeems to be thought ſufficient to give recipes for the *chloroſis*, and the hyſteric paſſion, without ſaying a word of the cauſes which produce thoſe diſeaſes, ſo difficult to be explained: in which it is taught, that the *deſcenſus* of the *uterus* proceeds from the relaxation of the ligaments; though the falſity of that opinion is demonſtrable: and in which it is attempted to ſhew the treatment of the diſeaſes of women, without mentioning a word of the ſtructure of the parts to which they relate; nor of the nature of the functions, to which

thoſe parts are appropriated in the ſtate of health.

If it was the cuſtom, in the moſt celebrated colleges, to give ſuch inſtructions only to the pupils, there would be great reaſon to fear, that medicine would again fall into empiriciſm; and be confined to a meer rote: as in the ſecond *epocha*. For it is, in this manner, the Gordons, Valeſcuſſes of Tarenta, and the Gerards de Solo, taught medicine then at Montpelier.

In general, there is reaſon to diſapprove of all *compendiums* of medicine. They are uſeleſs for thoſe who have knowledge: and they are injurious to the ignorant; on account that, after having ſtudied them, they imagine themſelves to know ſomething, while, in fact, they know nothing. I ſhall except from the rigour of this ſentence, only thoſe which are written with art; in which are collected, in a few words, all the queſtions, that can be made on the ſubject treated of; and which a profeſſor lays before his pupils, only to ſerve as a text to a more enlarged explanation, that muſt unravel the difficulties of it. Such are the excellent tracts of Boerhave: as his aphoriſms *De morbis cognoſcendis*; and more particularly his phyſiology.

In condemning *compendiums* of medicine, I do not mean to approve of thoſe voluminous works, in which, what is uſeful and neceſſary in phyſic is confounded with, or, if I may uſe the expreſſion, buried in, the infinity of indifferent, foreign, and uſeleſs things. That is another exceſs, which is not leſs blameable; and on which I have ſeveral times delivered my ſentiments. But it is a juſt medium betwixt thoſe two extremes, which able authors know how to chuſe. *Eſt modus in rebus*, &c.

Ann. Dom. 1758.] GERARD FITZ-GERALD, an Iriſhman by origin, doctor and profeſſor of phyſic in the faculty of Montpelier, died in 1748.

There was publiſhed, after his death, a treatiſe on the diſeaſes of women, under the following title;

Traité des maladies des femmes, traduit du Latin de M. Fitz-Gerald, profeſſeur de médecine en l'univerſité de Montpelier, à Paris (*à Avignon*) in 12°, 1758.

That is to ſay, *A treatiſe on the diſeaſes of women, tranſlated from the Latin of Mr. Fitz-Gerald, profeſſor of phyſic in the univerſity of Montpelier.*

I do not know whether or no it is a tranſlation, as the title ſignifies. The work is divided into two ſections: the one on the chronical diſeaſes of women, which contains eight chapters; and the other on the acute diſeaſes of women, which contains the ſame.

In this work, the diſeaſes of women are treated of a little more particularly, than in the preceding: becauſe it is confined to them alone. But, in fact, the principles, opinions, and practice, are the ſame. It might be ſaid, that medicine had undergone no improvement, for a hundred years, as theſe two works, compoſed at Montpelier in 1750, have nothing more in them than Riviere taught, in 1640, in the ſame univerſity.

CONCLUSION.

IT may be ſeen, by the hiſtory of the four *epochas* of medicine, of which we have ſpoken, that the fundamental ſyſtem of this ſcience has always been the ſame. To know, and diſtinguiſh diſeaſes, and their different kinds: to eſtabliſh the diſcoverable cauſes which produce them; or at leaſt after which they commonly happen: to fix the views or intentions of cure, which ſhould be propoſed, in order to remedy them: and, in ſhort, to chuſe, among the known remedies, thoſe that are moſt proper to effect the intentions; is what has always been, and ever will be, the immutable object of medicine.

I do not mean, that there have not been ſucceſſively made, new diſcoveries of the ſtructure of the parts: that the ſeat and nature of ſome diſeaſes have not been better fixt: and that the knowledge of the greateſt part of the immediate cauſes, which produce diſorders, are not better underſtood. It muſt be allowed, theſe

discoveries have contributed to elucidate natural philosophy and medicine; to render the theory more true and instructive; and to furnish plausible reasons for several facts, that could not before be explained: but it must not be conceived, that they have made any change in the fundamentals of practice.

It is with juster ground, the new remedies which have been, and are, discovered every day, or the new qualities, which are distinguished in old medicines, as the virtue of resisting mortifications, ascribed to the Peruvian bark, may be alledged. But this objection, though more specious, because it regards the practice of medicine, is not more sound at the bottom.

The greatest part of these new remedies, which are boasted of, are in general owing to the vanity, interest, or prejudice, of some physician; to the artifice of some empiric; to some accidental cure of a considerable person; to the caprice of some leading women of high station; or to the force of fashion. They are at first brought into great vogue: but the illusion does not last a long time; and their common fate is to reflect disgrace on those who broached them.

But if there be any found, which are good and efficacious, as the Peruvian bark, and *ipecacuanha*, they are adopted with satisfaction, after being well proved; and they are ranked in the classes, to which they belong in the *materia medica*. There are new means of effecting, in some cases, the intentions of cure already known; or, in other words, new ways, which are opened to arrive more easily at the designed place. But, can medicine be taxed with inconstancy, when, adhering to its principles and maxims, it only takes advantage of the discoveries which are made, to execute them the better?

Give me leave to explain my notions, by the instance of some art relative to natural philosophy; for example, by the culture of fruit-trees, that makes an important part of agriculture. It has been always known, that the earth must be tilled, where they are to be planted, to render it light; and that proper manure must be put into

into it; that the trees muſt be preſerved from inſects, which are hurtful to them; and that they muſt be covered as much as poſſible from the injuries of the air, and the barren and luxuriant branches carefully pruned, to ſtrengthen thoſe which bear fruit.

What changes have the new diſcoveries made in this culture? The ſtructure of ligneous fibres; and the air-veſſels, which are interwoven with them; the circulation of the ſap; the uſes of the pith and bark; and the nature of inſects, which injure trees, and corrupt the fruit; have been found out. This conduces, without doubt, to adorn and elucidate the philoſophy of the vegetation of trees; but makes no eſſential change with relation to their culture.

I will go further yet. More proper, more uſeful manures are found out; more certain means are known of deſtroying the inſects, which are injurious to trees and fruit; and it has been learnt how to diſtinguiſh better the luxuriant branches, that ſhould be pruned from the bearing branches, which ought to be preſerved. I grant it. Theſe are all ſo many means of effecting better the intentions, which have been always propoſed in the culture of trees; but this makes no change in the maxims and rules that are followed in it.

It is the ſame with reſpect to medicine. If matters, that are foreign, are excepted, and the queſtion be confined to what is eſſential, it will be found, that this ſcience, which is charged with ſo much inconſtancy, has never varied, as to its fundamental principles.

If Pliny had made theſe reflections, he would have formed a more equitable judgment on medicine; and would not wantonly have accuſed it of being the moſt inconſtant of all the arts; [1] *nullam artium inconſtantiorem eſſe.* He would have comprehended, that ſince, according to his acknowledgement, the variations of the phyſicians of his age, of which he relates ſtriking examples, came from the deſire, they had,

[1] Hiſtor. Natural. *Libr. XXIX. §. I. edit. II. Hardvin.*

to acquire reputation by novelties, without troubling themſelves about the harm they did their patients. [1] *Nec dubium*, ſays he, *omnes iſtos famam novitate aliquâ aucupanies, animas ſtatim noſtras negotiari*; it was not medicine, which ſhould have been reproached with the changes that offended him; but thoſe who undertook to practiſe it, [2] *non eſſe artis iſta*, as he himſelf ſays, *ſed hominum.*

It appears, that Pliny's cenſures fell only on empirics, who, by ſecret artifices, ſolicited protections, venal teſtimonials of ſucceſs, and hired emiſſaries, ſought at Rome, in his time, as is now done at Paris, to gain a reputation for remedies, that are new, but inefficacious, and perhaps dangerous. It is only of this kind of men Pliny could ſay, they traffic with our lives, [3] *animas noſtras negotiari.*

[1] Hiſtor. Natural. *Libr. XXIX.* §. VII. *pag.* 497.
[2] Ibid. §. V. *pag.* 495.
[3] Ibid. §. VII. *pag.* 497.

FINIS.

INDEX

OF THE

PRINCIPAL MATTERS.

A.

ABSCESS OF THE UTERUS, general nature of, 59. II. causes of, 60. II. —kinds of, 61. II. — inflammatory, 62. II.—tuberculous, 64. II.—symptoms of, 69. II.—diagnostic of, 72. II.—prognostic of, 73. II.—method of cure of, 75. II.

AGGLUTINANTS, *kinds of*, proper in floodings, 245. I.——in the lymphatic *fluor albus*, 305. II.

AGNUS CASTUS, as a remedy for the *furor uterinus*, 371. I.

ALUM, Helvetius's pills of, for floodings, 256. I.

AMULETS, or *charms*, the superstitious use of them as remedies, 290. II.

ANASARCA in the *chlorosis*, how relieved, 202. I.

ANASTOMOSES of the blood-vessels of the *uterus*, 5. I.

ANODYNES, *kinds of*, proper to check vomitings in the *chlorosis*, 104. I. — *kinds of*, proper in floodings, 233. I.

ANTHRAX, a disease of the antients, 291. II.

ANTIHYSTERIC *potions* for the sudden suppression of the *menses*, 87. I.—*pills* for the sudden suppression of the *menses*, 87. I.

ANTIPHLOGISTIC remedies for the inflammation of the *uterus*, 26. II.

APERITIVES, *kinds* proper in suppressions of the *menses*, 94. I.— —in floodings, 250. I.— —in the *chlorosis*, 198. I.— — in the *fluor albus*, 304. I.— — in the hysteric passion, 278. II.

APOPLEXY, how distinguished from hysteric fits, 268. II.

APOSTEM. See *Abscess*.

APOZEMS, *kinds* proper in the retardation of the *menses*, 59. I. — —in suppression of the *menses*, 91. I.— —in floodings, 252. I.—astringent proper for floodings, 232, 243. I.— — in the inflammation of the *uterus*, 27. II.— —in the *schirrus* of the *uterus*, 121. II.— in the dripping of the *uterus*, 183. II. — in the lymphatic *fluor albus*, 306. I.—in the *furor uterinus*, 362. I.

APPENDICES, *veinous*, what, 5. I.—uses of, 18. I.

ASSES DUNG, *syrup* of, 311. I.

ASTRINGENTS, *kinds* proper in floodings, 241. I.

ATHEROMA *of the* uterus, what, 129. II.— —causes of, 130. II.— —symptoms of, 132. II. —— diagnostic of, 134. I.— —prognostic of, 134. I.— — method of cure of, 136. I.—of the

the *ovaria*, what, 231. II.— —cauſes of, 230. II.— —ſymptoms of, 235. II.—*of the Fallopian tubes*, 238. II.

B.

BALSAMS, *kinds* proper in ulcers of the *uterus*, 99. II.

BARRENNESS, *conſequential* to long ſuppreſſions of the *menſes*, 83. I.— —to the *chloroſis*, 191. I.— —to the *fluor albus*, 281. I. 291. I.— —to faults of conformation, 137. I.

BATHING, when and what kind proper in retardations of the *menſes*, 59. I.—in ſudden ſuppreſſions of the *menſes*, 87. I. —in continued ſuppreſſions of the *menſes*, 102. I.—in the deviating *menſes*, 170. I.—in the *chloroſis*, 196. I.—in floodings, 239. I.— in the *fluor albus*, 298. I.—in ulcers of the *uterus*, 94. II. 100. II. 104. II.—in the *ſchirrus* of the *uterus*, 121. II.—in the *furor uterinus*, 364. I. 368. I.

BLEEDING, when and how proper, in the retardation of the *menſes*, 63. I.—in ſuppreſſions of the *menſes*, 92. I.—in difficult *menſes*, 157. I.—in the deviating *menſes*, 168. I.— in floodings, 229. I.— in the *chloroſis*, 196. I.—in the milky *fluor albus*, 296. I.— in the inflammation of the *uterus*, 2. II.—in the gangrene of the *uterus*, 50. II. —in the abſceſs of the *uterus*, 75. II.—in ulcers of the *uterus*, 96. II.— in the *furor uterinus*, 368. I.—in the ceſſation of the *menſes*, 337. I.

BLOOD, how conſtituted, 172. I. —Leuvenhoeck's obſervations on, 176. I.—circulation of, *when diſcovered*, 351. II.— — by whom, 254. II.

BOLUSSES, *kinds of proper*, in floodings, 233. I —aſtringent in floodings, 245. I. 233. I.—vulnerary and aſtringent for floodings, 246. I.— in the *ſchirrus* of the *uterus*, 121. II. —in the dropſy of the *uterus*, 187. II.—in the *deſcenſus* of the *uterus*, 212. II.—for hyſteric fits, 275. II.—in the lymphatic *fluor albus*, 307. I.

BREASTS, milky œconomy of, 17. I.

BROTHS, *kinds* proper in the retardation of the *menſes*, 58. I. 60. I.—*emollient*, proper in ſuppreſſions of the *menſes*, 91. I.—*emmenagogue*, proper in ſuppreſſions of the *menſes*, 98. I. —proper in the difficult *menſes*, 157. I.— —in the deviating *menſes*, 169. I.— —in floodings, 232. I.—aſtringent proper in floodings, 245. I.—vulnerary and aſtringent for floodings, 246. I. —*kinds* proper in the inflammation of the *uterus*, 27. II.— —in the gangrene of the *uterus*, 55. II.— —in ulcers of the *uterus*, 57. II.— — in the dropſy of the *uterus*, 181. II.— —in the lymphatic *fluor albus*, 306. I.—in the *furor uterinus*, 362. I.

C.

CACHEXY, what, 219. I.

CAMPHOR, *as a remedy* for the *fluor albus*, 314. I.— —for the *furor uterinus*, 370. I.

CANCER *of the uterus*, deſcription of, 147. II.— —differences of, 149. II.— —cauſes of, 149. II.— —ſymptoms of, 152. II.— —diagnoſtic of, 154. II.— —prognoſtic of, 155. II. — —method of cure of, 156. II.— —remedies propoſed for, 465. II.

CANTHARIDES as a remedy for ſup-

ſuppreſſions of the *menſes*, 118. I.— —for the *fluor albus*, 321. I.

CATAPLASMS *proper* in floodings, 237. I.—preparation of Solenander's for floodings, 260. I.—*proper* in the inflammation of the *uterus*, 24. II. 27. II.— —in the gangrene of the *uterus*, 52. I.—in the *ſchirrus* of the *uterus*, 122. II.

CAUSTICS, uſe of in ulcers of the *uterus*, 95. II.—in the *ſarcomas* of the *uterus*, 146. II.

CESARIAN OPERATION proper to be performed in a pregnancy of the Fallopian tubes, 245. II.

CESSATION OF THE MENSES. See *Menſes*.

CHARMS. See *Amulets*.

CHLOROSIS, what, and deſcription of, 171. I.—kinds of, 192. I.—cauſes of, 174. I.—ſymptoms of, 181. I.—diagnoſtic of, 188. I.—prognoſtic of, 190. I.—method of cure of, 191. I.— —radical, 194. I.— —palliative, 195. I.—remedies formerly deemed ſpecifics in, 201. I.

CICATRICES *in the* vagina *and* vulva, which cauſe the retention of the *menſes*, what, 120. I.—cauſes of, 128. I.—method of cure of, 141. I.— —by dilatation, 141. I.— —by inciſion, 142. I.—precautions neceſſary in the operation for their cure, 143. I.

CIRCLE, *uterine*, deſcription and uſes of, 214. II.

CIRCULATION *of the blood*, when diſcovered, and by whom, 354. II.

COITION, a remedy for the retardation of the *menſes*, 65. I.—for the deviating *menſes*, 168. I.—for the *chloroſis*, 203. I.—for the *furor uterinus*, 368. I.

COLOUR *of the ſkin*, on what dependant, 174. I.—how changed in the *chloroſis*, 180. I.

CONCEPTION in the *ovarium*, 234. II.—in the Fallopian tubes, 239. II.

CONFORMATION, *male*, *which cauſes the retention of the* menſes, deſcription of, 119. I.— kinds of, 119. I. cauſes of, 119. I.—differences of, 129. I.—ſymptoms of, 131. I.—diagnoſtic of, 133. I.—prognoſtic of, 135. I.—method of cure of, 138. I.

CORAL, what, and how produced, 143. I.

CORDIALS, what, kinds proper in ſuppreſſions of the *menſes*, 86. I.

CORROSIVE SUBLIMATE, as a remedy for cancers of the *uterus*, 161. II.

D.

DECOCTIONS, kinds proper in the ſuppreſſion of the *menſes*, 198. I.—aſtringent and vulnerary for floodings, 246. I. Septalius's for floodings, how prepared, 259. I.—*proper* for the milky *fluor albus*, 296. I.— —in ulcers of the *uterus*, 98. II. 100. II.— —in *deſcenſuſſes* of the *vagina*, 226. II.—of ſopewort for the cure of the *fluor albus*, 313. II.

DELIVERY rendered difficult by the contraction of the paſſage of the *vagina*, 130. I.

DESCENSUS *of the* uterus, deſcription and differences of, 201. II.— —cauſes of, 202. II.— —ſymptoms of, 206. II.—diagnoſtic and prognoſtic of, 208. II.—method of cure of, 210. II.

——— *of the interior coat of the* vagina, general nature of, 218. II.

II.—description of, 219. II.—causes of, 220. II.—symptoms of, 222. II.—diagnostic of, 223. II.—method of cure of, 224. II.

DESCENSUS *of the* uterus *reversed*, 227. II.

DIET, *what kind proper* in the retardation of the *menses*, 61. I.— —in sudden suppressions of the *menses*, 88. I.— — in continued suppressions of the *menses*, 89.— — in difficult *menses*, 157. I.— —in the *chlorosis*, 192. I.— —in floodings, 192. I.— —in the milky *fluor albus*, 207. I.— —in the cancer of the *uterus*, 156. II.— —in the lymphatic *fluor albus*, 306. I.— —in the palliative cure of the lymphatic *fluor albus*, 307. II.— —in the cessation of the *menses*, 337. I.— —in the *furor uterinus*, 364. I.

DIGESTION, how performed, 177. I.

DILUENTS, *kinds proper* in the palliative cure of the *fluor albus*, 271. I.— —in the hysteric passion, 279. II.

DIURETICS, *kinds of proper* in the *fluor albus*, 298. I.— —in the cessation of the *menses*, 338. I.

DOVE, Fornestus's powder of, for floodings, 259. I.

DRAUGHTS, *kind proper* in the inflammation of the *uterus*, 22. II.

DRIPPING OF THE UTERUS, or *stillicidium*, what, 205. I.—causes of, 211. I.—how differing from an hæmorrhage of the *uterus*, 223. I.—prognostic of, 227. I.—method of cure of, 239. I.

DROPSY *of the* uterus, description and differences of, 170. II.—*ascitic*, causes of, 171. II.—*hydatic*, causes of, 175. II.—symptoms of, 178. II.—diagnostic of, 179. II.—prognostic of, 180. II.—method of cure of, 181. II.—of the *ovaria*, 29. II.— —causes of, 232. II.—symptoms of, 235. II.— —*of the ovarium*, 231. II.— —causes of, 235. II.— —symptoms of, 236. II.— —cure of, 237 —*of the Fallopian tubes*, 239. II.—causes of, 241. II.— — — diagnostic and prognostic of, 242. II.— —cure of 244. II.

E.

ELEPHANTIASIS ARABUM, when first brought into Europe, 310. II.

EMBROCATIONS in the inflammations of the *uterus*, 24. II.

EMETICS, when, and what kinds, proper in sudden suppressions of the *menses*, 88. I. 101. I.— whether useful in floodings, 253. I.—*kinds* of proper in the *fluor albus*, 296. I.— —in the abscess of the *uterus*, 76. II.

EMMENAGOGUES, what *kinds* proper in the retardation of the *menses*, 60. I.— —in the suppression of the *menses*, 93. I.

EMOLLIENTS, kinds of proper in floodings, 245. I.

EMULSIONS in the *furor uterinus*, 364. II.

EPOCHA *of medicine*, first, 287. II.—second, 303. II.—third, 323. II.—fourth, 354. II.

ERRHINES, or *sternutatories*, *kinds* of proper in sudden suppression of the *menses*, 102. I.— —in the abscess of the *uterus*, 76. II.— — in hysteric fits, 273. II.

ESCAROTICS proper in the gangrene of the *uterus*, 53. II.

EXCRESSENCES *which produce the retention of the* menses, what, 120. I.—cause and kinds of, 126.

126. I.—diagnoſtic of, 134. I. —prognoſtic of, 135. I.—method of cure of, whether proper by eſcarotics, 138. I. 139. I.— —by exciſion, 140. I.— precautions neceſſary in the exciſion of, 143. I.

F.

FAINTINGS, in ſudden ſuppreſſions of the *menſes*, how relieved, 86. I.—in floodings, 235. I.

FALLOPIAN TUBES, diſeaſes of, 238. II. deſcription of, 238. II.—kinds of diſeaſes of, 239. II.— —cauſes of, 241. II.— —diagnoſtic and prognoſtic of, 242.— —method of cure of, 244. II.—*dropſy of*, whether to be cured by puncture? 244. II.—pregnancy of, and means of cure of, by the Ceſarean operation, 244. II.

FLOODINGS, what, 204. I. kinds of, 205. I.—cauſes of, 211. I.— explanation of the differences of, 313. I. — ſymptoms of, 217. I.—diagnoſtic of, 221. I. prognoſtic of, 226. I.—method of cure, 228. I. — when actual and copious, 228. I. — —when moderate, or a dripping of the *uterus*, 238. I.— how diſtinguiſhed from exceſſive *menſes*, 215. I.—how diſtinguiſhed from the hæmorrhage of the bladder, 222. I. —returns of, how prevented, 249. I.— precautions neceſſary to be taken in the cure of, 251. I.—remedies for, recommended, and not dangerous, 256. I.— —recommended by ſome, but neither ſafe nor efficacious, 266. I.

FLUOR ALBUS, what, 265. I.— differences of, 266 I.——*milky*, what, 268. I.——cauſes of, 268. I. — *lymphous*, what, 268. I.— —cauſes of, 271. I.—explanation of the differences of, 273. I.—ſymptoms of, 278. I.—diagnoſtic of, 281. I.—how diſtinguiſhed from a virulent *gonorrhœa*, 283. I.—how diſtinguiſhed from the diſcharge of an ulcer of the *uterus*, 282. I. —diagnoſtic of with reſpect to the ſpecies of the diſorder, 289. I.— —with reſpect to the cauſes of the diſorder, 290. I.—prognoſtic of, 292. I.— method of cure of, 296. I. — —of the milky kind, 296. I.— —of the lymphous kind, 300. I. —palliative cure of, 307. I.— neceſſary cautions in the treatment of, 309. I.— remedies recommended for, and which may be uſed with ſafety, 311. I. — remedies recommended for, but in fact hazardous, 314. I.

FOMENTATIONS proper in ſuppreſſions of the *menſes*, 91. I.— in floodings, 236. I. — in the gangrene of the *uterus*, 51. II. —of hemlock for the cure of cancers, 169. II.—in the *deſcenſus* of the *uterus*, 211. II. —215. II.

FRICTIONS proper in floodings, 230. I.

FUMIGATIONS, *kinds of*, proper in the ſuppreſſions of the *menſes*, 92. I. 102. I.— —in flow floodings, 248. I — —in copious floodings, 251. I.—in ulcers of the *uterus*, 100. II.— —in the *ſchirrus* of the *uterus*, 123. II.— —in the dropſy of the *uterus*, 185. II.— —in the *deſcenſus* of the *uterus*, 211. II.— —in *deſcenſuſſes* of the *vagina*, 227. II.

FUNDUS UTERI, what, 2. I.

FUNGUSSES *in the* uterus, as a cauſe of floodings, 412. I.— as a cauſe of the retention of the *menſes*, 245. I.

FUROR UTERINUS, what, and description of, 341. I.—not taken notice of by the greatest part of the antient writers, 344. I.—causes of, 346. I.—differences of, 353. I.—symptoms of, 354. I.—diagnostic of, 358. I.—prognostic of, 359. I.—method of cure of, 361. I.— —in the first stage of the disease, 362. I.— —in the second stage, 368. I.— —in the third stage, 369. I.—remedies which are recommended for, 370. I.

G.

GANGRENE *of the* uterus, nature of, 34. II.—kinds of, 34. II.—causes of 36. II.—explanation of the differences of, 39. II.—symptoms of, 40. II.—diagnostic of, 43. II.—prognostic of, 47. II.—method of cure of, 49. II.—whether Peruvian bark be a remedy for? 56. II.

GLYSTERS, *kinds of*, proper in suppressions of the *menses*, 91. I.— — in difficult *menses*, 157. I.— —in the *chlorosis*, 193. I.— —in the *fluor albus*, 296. I.— —in the inflammation of the *uterus*, 23. I.— —in the gangrene of the *uterus*, 54. II.— —in the abscess of the *uterus*, 75. II. 77. II. — —in ulcers of the *uterus*, 94. II.— —in hysteric fits, 273. II.— —in the *furor uterinus*, 366. I.

H.

HÆMORRHAGE *of the* uterus, or *copious floodings*, what, 215. I. — causes of, 211. I.— —how to be distinguished from excessive *menses*, 215. I. — how to be distinguished from a discharge of blood from the bladder, 222. I.— —how differing from a dripping of the *uterus*, or *stillicidium*, 223. I.—diagnostic of, 221. I.—prognostic of, 227. I.—method of cure of, 228. I. See *Flooding*.

HEMLOCK as a remedy for cancers, 165. II.—pills of, 167. II.—as a remedy for the *furor uterinus*. 373. I.

HUMOUR, *milky, of the* uterus. See *Milk, uterine*.

HYDATIC DROPSY. See *Dropsy*.

HYDATIDS, what, and description of, 176. II.—how formed, 177. II.

HYMEN, description of, 123. I.

HYSTERIC PASSION, or *fits*, description of, 245. II.—causes of, 248. II.—symptoms of, 255. II.—four pathognomonic symptoms of, 256. II.—symptoms of which affect the *abdomen*, 257. II.—symptoms of which affect the *thorax*, 259. II. — symptoms of which affect the head, 260. II.—symptoms of common to all the body, 264. II.—diagnostic of 266. II.—prognostic of, 270. II.—method of cure of, 275. II.—remedies recommended as specifics for, 280. II.

I.

IMPERFORATION OF THE VAGINA, as a cause of the retention of the *menses*, 240. I. cure of, 260. I.

INFLAMMATION *of the* uterus, what, 1. II.—differences of, 3. I.—causes of, 3. II.—common, what, 4. II.—systrophic, what, 4. II.—explanation of the differences of, 8. II.—symptoms of, 10. II.—prognostic of, 18. II.—method of cure of, 21. II.—general precautions in the treatment of, 25. II. — suspected practice of some authors, in, 28. II.

INFUSIONS,

INFUSIONS, *kinds* proper for ſudden ſuppreſſions of the *menſes*, 87. I.—gently cathartic proper for the *chloroſis*, 196. I.

INJECTION, *kinds of*, proper in the ſuppreſſions of the *menſes*, 93. I.— —in floodings, 238. I. —in the inflammation of the *uterus*, 23. II. 27. II.— —in the gangrene of the *uterus*, 51. II.— —in ulcers of the *uterus*, 98. II. 99. II. 104. II.— —in the *ſchirrus* of the *uterus*, 123. II — —for *ſteatomas* of the *uterus*, 137. II.— —for the cancers of the *uterus*, 147. II.— —in the dropſy of the *uterus*, 185. II.— —in the *deſcenſus* of the *uterus*, 211. II.— —in the *furor uterinus*, 366. I.

INOCULATION FOR THE SMALL POX, when firſt introduced into the weſtern parts of Europe, 367. II.—merits of it conſidered, 368. II.

IPECACUANA, where produced, and when firſt introduced into Europe, 362. II.—a remedy for dyſenteries, 362. II.

JULEPS, kinds of proper in the ſuppreſſion of the *menſes*, 99. I. —aſtringent for floodings, 245. I.—vulnerary and aſtringent for floodings, 246. I.

L.

LACTIFEROUS VESSELS. See *Veſſels*.

LEAD, *ſolutions of*, condemned in medicine, 253. I.

LEECHES, uſe of in the *furor uterinus*, 367. I.

LEPROSY, or *elephantiaſis Arabum*, when brought into Europe, 310. II.

LEUVENHOECK's *microſcopical obſervations on the blood*, 176. I.

LIGATURE, *of the arms and legs*, as a remedy againſt floodings, 231. I.

LIPYRIC FEVER, what, 14. II.

LOCHIA, what, 16. I.

LOZENGES, *kinds* proper to promote the firſt eruption of the *menſes*, 64. I. — for ſuppreſſions of the *menſes*, 100. I.

LYMPH, diſtinguiſhed into kinds, 175. I.—diſtinct properties of the kinds of, 175. I.

LYMPHATIC FLUOR ALBUS. See *Fluor albus*.

M.

MALACIA, what, 171. I.—how produced, 182. I.

MELICERIS *of the* uterus, general nature of, 128. II.—deſcription and differences, 128. II.—cauſes, 138. II.—ſymptoms, 132. II. — diagnoſtic and prognoſtic of, 134. II.—method of cure of, 136. II.

MEMBRANES *which cauſe the retention of the* menſes, what, 119—121. I.—method of cure of, 138. I.—precautions neceſſary in the operation for the cure of, 143. I.

MENSES, what, 11. I.—times of their firſt appearance, returns, and duration of, 30. I.—diviſion of the time of the flux of, 12. I.—quantity of, 12. I. 32. I. — variations in, 12. I.—of what nature the blood and humours conſtituting them, 12. I. 35. I.—when wanting, 13. I.—ſigns of the approach of, 27. I.—uſes of, 42. I.—whether abſolutely neceſſary for pregnancy, 42. I.—firſt eruption of, 45. I.—diagnoſtic of, 55. I. — accidents attendant on, 55. I.—prognoſtic of, 56. I. —curative treatment of, 58. I.

—— *retardation of*, what, 58. I.— —cauſes

—causes of, 58. I.— —curative treatment of, 58. I. 60. I.
MENSES, *retention of*, what, 115. I.— —causes of, 121. I.— —differences of, 125. I.— —symptoms of, 131. I.— —diagnostic of, 133. I.— —prognostic of, 135. I.— —method of cure, 138. I.
—— *difficult and laborious*, what, 146. I.— —causes of, 147. I.— —differences of, 149. I.— —symptoms of, 151. I.— — diagnostic of, 152. I.— —prognostic of, 153. I.— —method of cure of, 155. I.— —precautions necessary in the curative treatment of, 155. I.
—— *deviating*, what, 158. I.— —causes of, 159. I.— —symptoms of, 162. I.— —diagnostic of, 165. I.— —prognostic of, 165. I.— —method of cure of, 167. I.
—— *suppression of*, what, 63. I.— —causes of, 66. I.— —differences in, 71. I.— —symptoms of, 72. I.— —diagnostic of, 77. I.— —how distinguished from pregnancy, 77. I.— —how distinguished from the final cessation of, 80. I.— —prognostic of, 83.— —method of cure of, 86. I.— —method of cure of the kind which happens suddenly during the time they flow, 86. I. —method of cure when due returns are wanting, 89. I.— — precautions necessary in the curative treatment of, 104. I.— —dubious remedies recommended for, 107. I.— — remedies recommended, but dangerous, 113. I.
—— *diminution of*, what, 65. I.— —causes of, 69. I.
—— *excessive*, what, 204. I.— — kinds of, 205. I.— —causes of, 206. I.— —how distinguished from floodings, 215. I.
MENSES, *cessation* of, description of, 322. I.—causes and symptoms, of, 323. I.—diagnostic of, 331. I.—prognostic of, 334. I.— how distinguished from pregnancy and suppression, 331. I. — —curative treatment of, 336. I.— —necessary precautions in, 339. I.
MENSTRUATION, what, 20. I. —mechanism of, 49. I.—explanation of the symptoms of, 73. I.—uses of, 80. I. 90. I.
MENTAGRA, a disease of the antients, 291. II.
MERCURY, use of in venereal ulcers of the *uterus*, 103. II.
METRENCHYTES, or *injections into the* uterus. See *Injections.*
METROMANIA, or *furor uterinus*. See *Furor uterinus.*
MILIARY FEVER, when first known, 364. II.
MILK, UTERINE, what, and how produced, 29. I.—uses of, 36. I.
MILKY FLUOR ALBUS. See *Fluor albus.*
MINERAL WATERS. See *Waters.*

N.

NARCOTICS, *kinds* proper in suppressions of the *menses*, 92. I.— —in difficult *menses*, 197. I.— —in floodings, 233.— —in the milky *fluor albus*, 257. I.— —in the inflammation of the *uterus*, 252.— —in cancers of the *uterus*, 158. II.— — in the hysteric passion, 279. II.— —in the *furor uterinus*, 365. II.
NECK of the *uterus*, what, 41. I.
NIGHT-SHADE, or *solinum*, as a remedy for cancers, 163. II.

O.

ŒDEMA *in the* chloroſis, to what owing, 187. I.

OIL OF TIN, *preparation of*, as a remedy for the hyſteric paſſions, 284. II.

OVA, deſcription of, 230. II.

OVARIA, diſeaſes of, 229. II.—deſcription of, 229. II.—kinds of diſeaſes of, 230. II.— —cauſes of, 232. II.— —ſymptoms of, 235. II.— —diagnoſtic and prognoſtic of, 236. II.— —method of cure of, 237. II.

P.

PALENESS *of the face*, as a ſymptom of the *chloroſis*, 174. I.—to what owing, 180. I.

PERUVIAN BARK, where produced, and when firſt known in Europe, 361. II.—whether a remedy for gangrenes of the *uterus*, 56. II.—excellence of as a febrifuge, 362. I.

PESSARIES, proper for the ſuppreſſions of the *menſes*, 103. I. — —for floodings, 236. I.— —in the inflammation of the *uterus*, 24. II.—in the gangrene of the *uterus*, 51. II — —in the *furor uterinus*, 366. I.

PHLOGOSIS, what, 3. II.

PHYSICIANS, *chronological catalogue of*, 288. II.

PICA, what, 171. I.—how produced, 182. I.

PILLS, *Fernelius*'s, of birthwort, 109. I.—*Helvetius*'s of alum for floodings, 256. I.—*emmenagogue*, of Montagnana, 112. I.—of *uſnea* for floodings, 264. I.—proper in the *ſchirrus* of the *uterus*, 122. II. —of hemlock for the cure of cancers, 167. II.—proper in the dropſy of the *uterus*, 184. II.—proper in the lymphatic *fluor albus*, 307. II.

PLASTERS proper in floodings, 236. I.— —in the *ſchirrus* of the *uterus*, 122. II.— —in diſeaſes of the *ovaria*, 237. II. — —in hyſteric fits, 274. II.

POTIONS proper in ſudden ſuppreſſions of the *menſes*, 87. I. —*aſtringent* proper in floodings, 245. I.—*vulnerary* proper in floodings, 246. I.— — proper in the inflammation of the *uterus*, 26. II.— —in the gangrene of the *uterus*, 54. II.— —in hyſteric fits, 275. II.— —in the ceſſation of the *menſes*, 338. I.

POWDERS, *kinds* proper in ſuppreſſions of the *menſes*, 99. I.— —in the *chloroſis*, 200. I.— —*Cornachinus*, 201. I.—of toads for the dropſy of the *uterus*, 184. II.

PTISANS, *aſtringent*, proper in floodings, 245. I.—*vulnerary* and *aſtringent*, proper in floodings, 246. I.—in cancers of the *uterus*, 158. II.— —in the lymphatic *fluor albus*, 306. II.

PUBERTY, whence ariſing, 17. I.—time of, 17. I.

PUS, what, and how produced, 62. I.

PURGES, *kinds* in the retardation of the *menſes*, 161. I.— — in the ſuppreſſion of the *menſes*, 101. I.— —in difficult *menſes*, 157. I.— —in the *chloroſis*, 196. I. 202. I.— —in floodings, 231. I. 253. I. 255. I.— —in the *fluor albus*, 296. I.— —in the *ſchirrus* of the *uterus*, 124. II.— —in the gangrene of the *uterus*, 55. II.— —in ulcers of the *uterus*, 96. II.— —in the palliative cure of the lymphatic *fluor albus*, 307. I.— —in the ceſſation of the *menſes*, 337. I.— in the *furor uterinus*, 362. I.

R.

RABEL'S WATER as a remedy for floodings, 170. II.

REPLETION, *uterine*, which causes the *menses*, 20. I.—how produced, 21. I.—uses in menstruation, 20. I.

S.

SAGO, how produced, 306. I.

SANGUIFICATION, how performed, 177. I.

SARCOMA *of the* uterus, general nature of, 128. II. 138. II.—causes of, 139. II.—symptoms of, 140. II.—diagnostic of, 142. II.—prognostic of, 143. II.—method of cure of, 144. II.

——*of the* vagina, general nature of, 218. II.

SAVIN, *emmenagogue syrup of*, 116. I.

SCARIFICATIONS, in the gangrene of the *uterus*, 50. II.

SCHIRRUS *of the* uterus, general nature of, 106. II.—causes of, 108. II.—explanation of the differences of, 111. II.—symptoms of, 113. II.—diagnostic of, 115. II.—prognostic of, 116. II.—method of cure of, 118. II.—palliative treatment of, 123. II.—treatment of, when in danger of becoming cancerous, 125. II.—specific remedies proposed for, 125. II.—false, 128. II.

SIMAROUBA, when produced, and when brought into Europe, 363. II.—a remedy for looseness, 363. II.

SMALL-POX, when first brought into Europe, 309. II.—inoculation of, 366. II.

SOPEWORT, decoction of, 312. I.

SPHACELUS. See *Grangrene*.

STEATOMA *of the* uterus, general nature of, 127. II.—description and difference of, 127. II.—symptoms of, 132. II.—diagnostic of, 134. II.—causes of, 130. II.—prognostic of, 134. II.—method of cure of, 136. II.

STEATOMA *of the* vagina, general nature of, 132. II.—*of the* ovaria, 231. II.—*of the* Fallopian tube, 240. II.

STILLICIDIUM UTERI. See *Dripping of the uterus*.

STOMACHICS, proper in the retardation of the menses, 62. I.— —in the *chlorosis*, 193. I. 197. I.

SUDORIFICS, proper in the *fluor albus*, 298. I.

SUFFOCATION *of the* uterus. See *Hysteric fits*.

SUPPRESSION *of the* menses. See *Menses*.

SUPPURATION, what, and how produced, 62. II.

SYMPATHY *of the* uterus *with other parts*; cause of the symptoms in hysteric fits, 249. II.

T.

TINCTURE of an ox's spleen, 315. I.—called *tinctura antiphthisica*, for floodings, 262. I.

TRANSFUSION *of blood*, when first introduced into use, 365. II.

TROCHES for floodings, 245. II.

TUBERCLES, what, 64. II.

TUMEFACTION *of the* uterus, description and cause of, 200. II.—method of cure of, 201. II.

TUMOURS, *incysted*. See *Steatoma*.

TYMPANITES *of the* uterus, description of, 187. II.—true or permanent causes of, 188. II.—symptoms of, 191. II.—diagnostic of, 193. II.—prognostic of, 194. II.—method of cure of, 195. II.—momentary causes of, 198. II.—diagnostic, prognostic,

prognoſtic, and method of cure of, 199. II.

V.

VAGINA, obſtructions of which cauſe the retention of. See *Conformation.*

——*deſcenſus of.* See *Deſcenſus.*

VAPOURS. See *Hyſteric fits.*

VEINOUS APPENDICES. See *Appendices.*

VENEREAL DISEASE, when firſt introduced into Europe, 326. II.—how diſtinguiſhed from the *fluor albus*, 282. I.

VESSELS, *lymphatic*, formation and uſes of, 8. I.

——*vermicular*, or *lactiferous*, what, 7. I.—formation and uſes, 8. I.

ULCERATION, what, and how brought about, 62. II.

ULCERS *of the* uterus, general nature of, 77. II.—cauſes of, 78. II.—differences of, 80. II.—ſymptoms of, 81. II.—diagnoſtic of, 86. II.—prognoſtic of, 88. II.—method of cure of, 91. II.—general treatment of, 92. II.—treatment of in an imminent ſtate, 95. II.—treatment of ſuch as are conformed, 97. II.—treatment of venereal, 102. II.—palliative treatment of ſuch as are incurable, 103. II.—particular remedies propoſed for the cure of, 105. II.

USNEA, what, 263. I.—pills of for floodings, 264. I.

UTERINE CIRCLE, deſcription and uſes of, 213. II.

UTERUS, ſituation of, 1. I.—figure of, 2. I.—figure of, 2. I.—diſtinguiſhed parts of, 2. I.—veſſels of, 3. I.—coats of, 3. I.—blood-veſſels of, their formation and uſe, 4. I.—lactiferous or vermicular veſſels of, 7. I.—veinous *appendices* of, ſee *Veinous appendices.*—Several diſtinct ſtates, with reſpect to menſtruation, 45. I.—inflammation of, ſee *Inflammation.*—Ulcers of, ſee *Ulcers.*—Gangrene of, ſee *Gangrene.*—Schirrus of, ſee *Schirrus.*—Deſcenſus of, ſee *Deſcenſus.*

VULNERARIES, *kinds* proper in the *fluor albus*, 299. I.

W.

WATER *of chaſtity of Sennertus*, preparation of as a remedy for the *furor uterinus*, 372. I.

——*Rabel's*, 170. II.

——*mineral*, what kind proper in the retardation of the *menſes*, 61. I.——in ſuppreſſions of the *menſes*, 91. I.——in the deviating *menſes*, 170. I.——in the *chloroſis*, 200. I.——in the *fluor albus*, 208. I.——in the *furor uterinus*, 364. I.

WILLOW, *juice of the branches of*, as a remedy in the *furor uterinus*, 371. I.

BOOKS *printed for* J. NOURSE, Bookseller in Ordinary to his MAJESTY.

1. AN ESSAY ON UNIVERSAL HISTORY, THE MANNERS, AND SPIRIT OF NATIONS, from the Reign of Charlemaign to the Age of Lewis XIV. Written in French by M. de VOLTAIRE. Translated into English, with additional Notes and Chronological Tables, by Mr. NUGENT. The Second Edition, revised, and considerably improved by the Author. Four volumes in 12mo.

2. REGULATIONS FOR THE PRUSSIAN INFANTRY. Translated from the German Original, with Augmentations and Alterations made by the King of Prussia, since the Publication of the last Edition. To which is added, the PRUSSIAN TACTICK; being a Detail of the GRAND MANOEUVRE, as performed by the PRUSSIAN ARMIES. In 8vo.

3. REGULATIONS FOR THE PRUSSIAN CAVALRY. Translated from the German Original. By Capt. WILLIAM FAUCITT. Being a compleat System of Military Discipline as established by the King of Prussia, and at this Time practised in all its Branches by his Horse, Dragoons, and Hussars. 8vo. Price 5s. in Boards. Dedicated to the Right Hon. the Earl of Albemarle.

4. THE MILITARY ENGINEER; or, A Treatise of the Attack and Defence of all Kinds of Fortified Places. Composed by M. LE BLOND, Professor of the Mathematics, for the Use of the French Nobleſſe. To which is added, A succinct Account of three remarkable Sieges at different Periods, by which the Progress of the Art is pointed out. Two Vols. 8vo. Price 8s. 6d. in Boards. Illustrated with Twenty Copper-Plates.

5. THE ELEMENTS OF NAVIGATION; containing the Theory and Practice. With all the necessary Tables. To which is added, A Treatise of MARINE FORTIFICATION. For the Use of the Royal Mathematical School at Christ's Hospital, and the Gentlemen of the Navy. By J. ROBERTSON, F. R. S. Head Master of the Royal Academy at Portsmouth. Printed on a Royal Paper, in two large Volumes, 8vo. Price 15s. neatly bound.

6. THE HISTORY AND PHILOSOPHY OF EARTHQUAKES, from the remotest to the present Times: Collected from the best Writers on the Subject. With a particular Account of the Phænomena of the great one of November the 1st, 1755, in various Parts of the Globe. By a Member of the ROYAL ACADEMY of Berlin.

7. THE PRACTICAL GAUGER; or, the Young Gauger's Assistant: Containing those Things which are actually practised, and which are also absolutely to be known and understood by every Person that is employed as a Gauger or Officer in the Revenue of Excise. To which are added, All the necessary Tables for gauging, and fixing the Utensils of Victuallers, common Brewers, and also for moneying the several Sorts of Goods, or for finding the Amount of the Charges. The Whole in a Method intirely new, intended chiefly for the Help of Pupils; and such young Officers as have not been long employed in the Office of Excise. With an Appendix. By WILLIAM SYMONS, Officer of Excise.